

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2001 8:00 am  
Secretary of State

01-25-2001 90157 027 \*\*\*150.00

DOCUMENT # 627594

1. Entity Name

SMITH BROTHERS FILM DROP, INC.

Principal Place of Business

709 S FEDERAL HWY  
BOYNTON BCH. FL 33435

Mailing Address

709 S FEDERAL HWY  
BOYNTON BCH. FL 33435

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1913463

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FEDERSPIEL, ROBERT W  
100 NE FIFTH AVE  
DELRAY BEACH FL FL

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~VST~~  
NAME ~~SMITH, KENNTH A~~  
STREET ADDRESS ~~709 S FEDERAL HWY~~  
CITY-ST-ZIP ~~BOYNTON BCH, FL 08000~~

☒ Delete

TITLE ~~VP~~  
NAME ~~Richard C. Smith~~  
STREET ADDRESS ~~709 S. Fed Hwy~~  
CITY-ST-ZIP ~~Boynton Bch, FL 33435~~

☐ Change ☒ Addition

TITLE ~~P~~  
NAME ~~SMITH, DANIEL P~~  
STREET ADDRESS ~~709 S FEDERAL HWY~~  
CITY-ST-ZIP ~~BOYNTON BCH, FL 00000~~

☐ Delete

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☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)