

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 687441

1. Entity Name

SMITH WREATH AND ASSOCIATES, INC.

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90017 030 ***150.00

Principal Place of Business

Mailing Address

1117 SOUTH FLORIDA AVE
TARPON SPRINGS FL 34689
US

1117 SOUTH FLORIDA
TARPON SPRINGS FL 34688-1088
US

2. Principal Place of Business

36750 US 19 NORTH

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#3131

City & State

City & State

PALM HARBOR, FL

Zip

Country

Zip

Country

34684 US

4. FEI Number 59-2023512

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WREATH, C. FRANK
1117 SOUTH FLORIDA AVE
TARPON SPRINGS FL 34689

Name

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

36750 US 19 NORTH
#3131

City

PALM HARBOR

FL

Zip Code

34684

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

C.F. Wreath C.F. WREATH

3/6/00

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, 2000 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 P ☐ Delete
NAME WREATH, C. FRANK
STREET ADDRESS 1117 S. FLORIDA AVE.
CITY-ST-ZIP TARPON SPRINGS FL

TITLE ☒ Change ☐ Addition
NAME 36750 US 19 NORTH #3131
STREET ADDRESS PALM HARBOR, FL 34684
CITY-ST-ZIP

TITLE VP ☒ Delete
NAME SMITH, DAN H
STREET ADDRESS 1400 TARPON WOODS BLVD
CITY-ST-ZIP PALM HARBOR FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME WREATH, DEBBIE C
STREET ADDRESS 1117 S FLORIDA AVE
CITY-ST-ZIP TARPON SPRINGS FL

TITLE VP ☒ Change ☐ Addition
NAME 36750 US 19 NORTH #3131
STREET ADDRESS PALM HARBOR, FL 34684
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME SWAN, DAVID S JR
STREET ADDRESS 300 S DUNCAN AVE #236
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

C.F. Wreath C.F. WREATH

3/6/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR: E014 (9/93)