

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750363

1. Entity Name

BILLY SMITH EVANGELISTIC OUTREACH INC.

FILED
May 20, 2000 8:00 am
Secretary of State

05-20-2000 90009 033 ****70.00

Principal Place of Business

3030 SANDS ROAD
LAKELAND FL 33810

Mailing Address

3030 SANDS ROAD
LAKELAND FL 33810-2998

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2812927

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, WILLIAM J.
3030 SANDS RD.
LAKELAND FL 33809

7. Name and Address of New Registered Agent

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME SMITH, WILLIAM J.
STREET ADDRESS 3030 SANDS RD.
CITY-ST-ZIP LAKELAND FL

TITLE D ☐ Delete
NAME SMITH, THOMAS C.
STREET ADDRESS 3828 KNIGHTS STATION RD.
CITY-ST-ZIP LAKELAND FL

TITLE STD ☐ Delete
NAME REYNOLDS, AVELEAN
STREET ADDRESS 3904 CHART PRINE ROAD
CITY-ST-ZIP LAKELAND FL

TITLE D ☐ Delete
NAME SMITH, FRANCES J
STREET ADDRESS 3030 SANDS RD
CITY-ST-ZIP LKLAND FL 33810

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William J. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM J. SMITH - PRESIDENT

APRIL 27, 2000

Date

863-858-2903

Daytime Phone #

CR2E037 (9/99)