

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 843834

1. Entity Name

SMART PROFESSIONAL PHOTOCOPY CORPORATION

Principal Place of Business

120 BLUEGRASS VALLEY PKWY

~~P.O. BOX 2826~~

ALPHARETTA GA 30005

US

Mailing Address

PO BOX 1813

~~P.O. BOX 2826~~

ALPHARETTA GA 30023-2826

US

2. Principal Place of Business

Remove PO Box 2826

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 1813

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

alpharetta GA

Zip

30005-9901

Country

4. FEI Number

95-3313004

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

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, 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 **S** ☐ Delete
NAME **TRINIDAD, JENNIFER**
STREET ADDRESS **2201 AMAPOLA CT**
CITY-ST-ZIP **TORRANCE CA**

TITLE **CEO** ☐ Delete
NAME **SMART II, JOHN A**
STREET ADDRESS **2201 AMAPOLA CT**
CITY-ST-ZIP **TORRANCE CA**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Secretary** ☒ Change ☐ Addition
NAME **Jennifer Trinidad**
STREET ADDRESS **120 Bluegrass Valley Pkwy**
CITY-ST-ZIP **Alpharetta, GA 30005-9901**

TITLE **CEO** ☒ Change ☐ Addition
NAME **John A. Smart II**
STREET ADDRESS **120 Bluegrass Valley Pkwy**
CITY-ST-ZIP **Alpharetta, GA 30005-9901**

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

TITLE ☐ Change ☐ Addition
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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: **Jennifer Trinidad** **Jennifer Trinidad** 1/6/00 770-360-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90024 035 ***150.00

632566



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)