

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
 04-17-2001 90128 039 ***150.00

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DOCUMENT # F00000006507

1. Entity Name

SMART HEALTH, INC.

Principal Place of Business

Mailing Address

**2150-7 TAMiami TRAIL
 PORT CHARLOTTE FL 33948**

**3811 BERMUDA CT.
 PUNTA GORDA FL 33950**

2. Principal Place of Business

2150-7 Tamiami trail

3. Mailing Address

2150-7 Tamiami trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Charlotte FL

City & State

Port Charlotte FL

Zip

33948

Country

US

Zip

33948

Country

US

4. FEI Number

38-3533452

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HOWARD, JEFFREY
 3811 BERMUDA CT.
 PUNTA GORDA FL 33950**

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

Jeffrey R Howard **Jeffrey R Howard President**

3-10-01

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

TITLE **PD** ☐ Delete
 NAME **HOWARD, JEFFREY**
 STREET ADDRESS **3811 BERMUDA CT.**
 CITY-ST-ZIP **PUNTA GORDA FL**

TITLE **CSTD** ☐ Delete
 NAME **SWAYZE, MARIE**
 STREET ADDRESS **5062 BIG ROCK ST.**
 CITY-ST-ZIP **JACKSON MI**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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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:

Jeffrey R Howard **Jeffrey R Howard**

3-10-01

Date

941-235-7380

Daytime Phone #

CR2E034 (10/00)