

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F27475

1. Entity Name

S.M.I. CONSOLIDATED INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90109 004 ***150.00

Principal Place of Business

P O BOX 851
PALMETTO FL 34220

Mailing Address

POST OFFICE BOX 851
PALMETTO FL 34220-0851
US

2. Principal Place of Business

3. Mailing Address

P O 851

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PALMETTO

City & State

City & State

FL

4. FEI Number 59-2085489

Applied For

Not Applicable

Zip

Country

Zip

34220

Country

MANATEE

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

ALLEN, PHILIP
5506 BAYSHORE RD
PALMETTO FL 34220

Name

PHILIP ALLEN

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

5506 BAYSHORE RD

PALMETTO

City

FL

Zip Code

34220

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

Philip Allen

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

TITLE	P	<input type="checkbox"/> Delete
NAME	ALLEN, PHILIP	
STREET ADDRESS	5506 OLD BAYSHORE RD	
CITY-ST-ZIP	PALMETTO FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHURFRANZ, DALE	
STREET ADDRESS	8818 11TH AVE. TERRACE N.W.	
CITY-ST-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Philip Allen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/00 941-722-9555

Date

Daytime Phone #

CR2E034 (9/99)