

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State
 03-26-2001 90007 015 ***150.00

0259901

DOCUMENT # F36564

1. Entity Name
SMALLWOOD'S, INC.

Principal Place of Business
**1001 SE 17TH ST.
 FT LAUDERDALE FL 33316**

Mailing Address
**1001 SE 17TH ST.
 FT LAUDERDALE FL 33316**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2104196**

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

**SMALLWOOD, HELEN F
 2849 NE 21ST CT
 FT LAUDERDALE FL 33305**

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 _____ (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, 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	<input type="checkbox"/> Delete
NAME	SMALLWOOD, HELEN F	
STREET ADDRESS	2849 NE 21ST CT	
CITY-ST-ZIP	FT LAUDERDALE, FL 33305	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	SMALLWOOD, JIMMIE C	
STREET ADDRESS	2212 BAYVIEW DRIVE	
CITY-ST-ZIP	FT LAUDERDALE, FL 33305	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SMALLWOOD, RHINA T	
STREET ADDRESS	2212 BAYVIEW DRIVE	
CITY-ST-ZIP	FT LAUDERDALE, FL 33305	
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	VTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Floyd, James H.	
STREET ADDRESS	2807 NE 26TH St.	
CITY-ST-ZIP	Ft lauderdale FL 33305	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Freeland, Jacey A.	
STREET ADDRESS	2764 Oak Tree Lane	
CITY-ST-ZIP	Oakland Park FL 33309	
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/24/01 9545233282
 Date Daytime Phone #

CR2E034 (10/00)