

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G91667**

1. Entity Name
JERRY SMITH FILM & TELEVISION COMPANY, INC.

Principal Place of Business
**11265 ALUMNI WAY
JACKSONVILLE FL 32246
US**

Mailing Address
**11265 ALUMNI WAY
JACKSONVILLE FL 32246
US**

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 **36-3298966**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BROADFOOT, KELLI
1640 SWIMMING SALMON PL S
JACKSONVILLE FL 32225**

7. Name and Address of New Registered Agent

Name **John Howard**

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

11265 Alumni Way

City **Jacksonville**

FL

Zip Code **32246**

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 **John Howard** **John Howard** **Business Manager**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **DCP**
NAME **SMITH, GERALD W.**
STREET ADDRESS **8724 HUNTERS CRK DR. S.**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **DV**
NAME **SMITH, CYNTHIA M.**
STREET ADDRESS **8724 HUNTERS CRK DR. S.**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

☐ Delete

TITLE
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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:

John Howard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90054 012 ***550.00



DO NOT WRITE IN THIS SPACE

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