

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G92430

1. Entity Name

SMILEY ENTERPRISES, INC.

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90065 041 \*\*\*150.00

Principal Place of Business

Mailing Address

12860 TREELINE CT.  
N. FT. MYERS FL 33903

12860 TREELINE CT.  
N. FT. MYERS FL 33903-4728

2. Principal Place of Business

1282 Barrett Road

Suite, Apt. #, etc.

3. Mailing Address

1282 Barrett Road

Suite, Apt. #, etc.

City & State

N. Ft. Myers, Florida

City & State

N. Ft. Myers, Florida

Zip

33903

Country

Lee

Zip

33903

Country

Lee

4. FEI Number

59-2420795

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMILEY, DONALD V.  
12860 TREELINE CT.  
N. FT. MYERS FL 33903

7. Name and Address of New Registered Agent

Name

Donald V. Smiley

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

1282 Barrett Road

City

N. Ft. Myers

FL

Zip Code

33903

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

TITLE PD ☐ Delete  
NAME SMILEY, DONALD V.  
STREET ADDRESS 12860 TREELINE CT.  
CITY-ST-ZIP N. FT. MYERS FL

TITLE SD ☐ Delete  
NAME SMILEY, RITA E.  
STREET ADDRESS 12860 TREELINE CT.  
CITY-ST-ZIP N. FT. MYERS FL

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  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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:

Donald V. Smiley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-2000

Date

941-997-8806

Daytime Phone #

CR2E034 (9/99)