

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90736 019 ***150.00

DOCUMENT # H41286

1. Entity Name

Smash& Crash Conch Republic, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12555 Overseas Hwy

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 123

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Marathon, FL

City & State

Park Ridge, NJ

4. FEI Number

59-2490685

Applied For

Not Applicable

Zip

33050

Country

USA

Zip

07656

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Helena Theurer
Signature, typed or printed name of registered agent and title if applicable.

HELENA THEURER

(NOTE: Registered Agent signature required when reinstating)

4/14/04

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	Helena Theurer
STREET ADDRESS	5409 Overseas Hwy, #146
CITY-ST-ZIP	Marathon, FL 33050
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Helena Theurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Helena Theurer

4/14/04

Date

Daytime Phone #

CR2E034B (12/02)