

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K09560

1. Entity Name

SMITHLINE INVESTMENTS, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90015 041 ***150.00

Principal Place of Business

Mailing Address

% THORNTON M. HENRY
505 S FLAGLER DR #1100
W PALM BEACH FL 33401

% THORNTON M. HENRY
505 S FLAGLER DR #1100
W PALM BEACH FL 33401-5950

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

65-0027647

Applied For

Not Applicable

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

SMITHLINE, ESTHER E.
C/O CHESLER
2400 PAPAYA DR.
DELRAY BEACH FL 33445

Name

Louise E. Chesler

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

2400 Papaya Drive

City

Delray Beach

FL

Zip Code

33445

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 Louise E Chesler

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/5/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPS	<input type="checkbox"/> Delete
NAME	SMITHLINE, ESTHER E.	
STREET ADDRESS	% CHESLER, 2400 PAPAYA DRIVE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VP, D, P, S.	<input type="checkbox"/> Delete
NAME	CHESLER, LOUISE E.	
STREET ADDRESS	2400 PAPAYA DRIVE	
CITY-ST-ZIP	DELRAY BEACH 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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D, P, VP, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Louise E. Chesler	
STREET ADDRESS	2400 Papaya Drive	
CITY-ST-ZIP	Delray Beach, FL 33445	
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:

Louise E. Chesler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/2000
Date

561-272-6590
Daytime Phone #

CR2E034 (9/99)