

2001 UNIFORM BUSINESS REPORT (UBR)

REINSTATEMENT

DOCUMENT # L99000001217

1. Entity Name
SMART TEAM, L.C.

FILED

REINSTATEMENT 2001

Principal Place of Business
2650 HOLIDAY TRAIL
KISSIMMEE FL 34746

Mailing Address
P.O. BOX 470442
CELEBRATION FL 34747-0442

01 OCT 29 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3554314

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DYKXHOORN, JACOB C
130 EAST CENTRAL AVENUE
LAKE WALES FL 33853

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10-26-01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

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*****100.00 *****100.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME ASHDOWN, BLAKE E
STREET ADDRESS P.O. BOX 470442
CITY-ST-ZIP CELEBRATION FL 34747-0442

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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*****50.00 *****50.00

TITLE MGR
NAME IMESON, DAVID S
STREET ADDRESS P.O. BOX 470442
CITY-ST-ZIP CELEBRATION FL 34747-0442

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

DAVID S. IMESON

10/5/01

407 396 6395

CR2E083 (11/00)