

2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # N99000005595

1. Entity Name

SMITH ECONOMIC EDUCATIONAL DEVELOPMENT, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-03-2000 90031 022 ****61.25

Principal Place of Business Mailing Address
1415 DANIEL ST 1415 DANIEL ST
TALLAHASSEE FL 32310 TALLAHASSEE FL 32310

2. Principal Place of Business 3. Mailing Address
1415 Daniel Street 1337 Blossom Circle
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Tallahassee, Florida Tallahassee, Florida
Zip Country Zip Country
32310 32310



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-3597369 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
SMITH, HORACE
1337 BLOSSOM CIR
TALLAHASSEE FL 32310
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, HORACE			NAME			
STREET ADDRESS	1337 BLOSSOM CIR			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32310			CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMS, SABRINA			NAME			
STREET ADDRESS	1337 BLOSSOM CIR			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32310			CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, DOROTHY			NAME			
STREET ADDRESS	1337 BLOSSOM CIR			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32310			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April-24-2000

Date

Daytime Phone #

CR2E037 (9/99)