

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 06, 2001 08:00 AM
Secretary of State

DOCUMENT # P00000033711

1. Entity Name
CHARLENE SMITH, INC.

Principal Place of Business
6980 ULMERTON ROAD UNIT 6 F

Mailing Address
6980 ULMERTON ROAD UNIT 6 F

LARGO FL LARGO FL
33771 33771

2. Principal Place of Business
35959 US HWY 19 N

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PALM HARBOR FL

City & State

4. FEI Number
59-3636140

Applied For
Not Applicable

Zip Country Zip Country
34684

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH CHARLENE
6980 ULMERTON ROAD UNIT 6 F

LARGO FL
33771

7. Name and Address of New Registered Agent

Name
SMITH CHARLENE JCEO
Street Address (P.O. Box Number is Not Acceptable)
6980 ULMERTON ROAD UNIT 6 F

City FL Zip Code
LARGO 33771

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 CHARLENE J SMITH

04/06/2001

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
CEO	SMITH CHARLENE JCEO	6980 ULMERTON RD UNIT 6F	LARGO FL 33771		

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: Charlene J Smith

CEO 04/06/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)