

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90056 015 ***150.00

019181 AV

DOCUMENT # P00000061099

1. Entity Name

SMART TEACHER SMART KID, INC.

Principal Place of Business

**3150 NORTH WICKHAM ROAD
 SUITE 2
 MELBOURNE FL 32935**

Mailing Address

**3150 NORTH WICKHAM ROAD
 SUITE 2
 MELBOURNE FL 32935**



2. Principal Place of Business

3. Mailing Address

4431 Davie Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 121

DO NOT WRITE IN THIS SPACE

City & State

City & State

DAVIE, FL.

4. FEI Number

59-3654450

Applied For

Not Applicable

Zip

Country

Zip

Country

33314

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

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

Name

SANDRA CENCEBAUGH

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

4431 DAVIE RD #121

City

DAVIE

FL

Zip Code

33314

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

Sandra Cencebaugh **SANDRA CENCEBAUGH**

2/25/02

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, 2002 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 ☐ Delete
 NAME **PSD**
 STREET ADDRESS **SILVERS, SAM**
 CITY-ST-ZIP **3150 NORTH WICKHAM ROAD**
MELBOURNE FL 32935

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **LARMAN, DARRYL**
 CITY-ST-ZIP **3150 NORTH WICKHAM ROAD**
MELBOURNE FL 32935

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: *Darryl Larmen*

DARRYL LARMAN, Director

Date

Daytime Phone #

CR2E034 (9/01)

VA 1212