

2001 UNIFORM BUSINESS REPORT (UBR)

5/7/1

FILED
May 30, 2001 8:00 am
Secretary of State

05-07-2001 90046 037 ***150.00

DOCUMENT # P00000064009

1. Entity Name

KEN SMITH ENTERPRISES, INC.

Principal Place of Business

**8805 TAMiami TRAIL NORTH BOX 158
 NAPLES FL 34104**

Mailing Address

**8805 TAMiami TRAIL NORTH BOX 158
 NAPLES FL 34104**

2. Principal Place of Business

**4120 Enterprise Ave
 Suite, Apt. #, etc.
 #102**

3. Mailing Address

**8805 Tamiami Trail
 Suite, Apt. #, etc.
 #158**

City & State

Naples, Florida

Zip

34104

Country

USA

City & State

Naples, Florida

Zip

34108

Country

USA

4. FEI Number

59-3659839

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LEE, KELLY A
 201 AIRPORT RD. NORTH
 NAPLES FL 34104**

7. Name and Address of New Registered Agent

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SHARE HOLDER/VICE PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C.K. SMITH
STREET ADDRESS	6400 SHOREWOOD DRIVE
CITY-ST-ZIP	ARLINGTON, TX. 76010
TITLE	SHARE HOLDER/TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROL SMITH
STREET ADDRESS	6400 SHOREWOOD DRIVE
CITY-ST-ZIP	ARLINGTON, TX. 76010
TITLE	SHARE HOLDER/PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEN SMITH
STREET ADDRESS	8805 TAMiami TRAIL 158
CITY-ST-ZIP	NAPLES, FL 34108
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)(1), 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:

KENNETH W. SMITH
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01 (941) 430-9300
 Date Daytime Phone #

CR2E034 (10/00)