

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

07-31-2001 90009 050 \*\*\*150.00

**DOCUMENT #** P00000083399

**1. Entity Name**

VALERIE C. SMART, M.D., P.A.

**Principal Place of Business**

**Mailing Address**

1875 Colonial Blvd.  
 Fort Myers, FL 33907  
 USA

404 Bayshore Drive  
 Cape Coral, FL 33904  
 USA

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**City & State**

**4. FEI Number**

65-1036073

**Applied For**

**Not Applicable**

**Zip**

**Country**

**Zip**

**Country**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

CAPITAL CONNECTION, INC.  
 417 East Virginia Street Suite 1  
 Tallahassee, FL 32301

**7. Name and Address of New Registered Agent**

**Name**

VALERIE C. SMART, M.D.

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

404 Bayshore Drive

**City**

Cape Coral

**FL**

**Zip Code**

33904

**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**

02/24/2001

**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**

<b>TITLE</b>	P/S/T/Sole Director <input type="checkbox"/> Delete
<b>NAME</b>	Valerie C. Smart
<b>STREET ADDRESS</b>	33904
<b>CITY-ST-ZIP</b>	404 Bayshore Drive Cape Coral, FL
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:**

Valerie C. Smart

7/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0-9

Daytime Phone #

CR2E034 (11/00)

Attachment # F800000083399  
**Shirley Ezelle Accounting & Tax Service**

BOC61001

July 25, 2001

DIVISION OF CORPORATIONS  
P. O. BOX 1500  
TALLAHASSEE, FL 32302-1500

RE: VALERIE C. SMART MD, PA  
CORPORATE ANNUAL REPORT

TO WHOM IT MAY CONCERN:

Dr. Smart incorporated 9-1-2000 and the paperwork was prepared by Capital Connection, Inc. in Tallahassee, FL. She is newly in business and nothing was explained in regard to paperwork. She has come to our office for help.

She didn't receive the Corporate Annual Report and I called the Division of Corporations to check and see if Capital Connection, Inc. has filed it, as they are listed as the registered agent. Nothing has been received by your office. We were told to submit the 2001 Uniform Business Report which was obtained off the internet with \$ 150.00 check and this would be processed.

Enclosed please find the report with her check. She has also become her corporation's registered agent to avoid any problems in the future.

Thanking you in advance for your help in this matter.

Sincerely,



Shirley R. Ezelle

SRE:sf  
Enc.