

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90106 045 ***150.00

DOCUMENT # P00000105377

1. Entity Name
RIOS SMIDHUM ENTERPRISES, INC.

Principal Place of Business

3421 W CYPRESS AVENUE
TAMPA FL 33607

Mailing Address

3421 W CYPRESS AVENUE
TAMPA FL 33607



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3421 W. CYPRESS STREET
 Suite, Apt. #, etc.

3. Mailing Address

3421 W. CYPRESS STREET
 Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-3679981

Applied For

Not Applicable

Zip

33607

Country

USA

Zip

33607

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMIDHUM, SHERI
3421 W CYPRESS AVENUE
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name

SHERI A. SMIDHUM

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

3421 W. CYPRESS STREET

City

TAMPA, FL

FL

Zip Code

33607

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]

(NOTE: Registered Agent signature required when reinstating)

4/29/02

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SMIDHUM, SHERI**
CITY-ST-ZIP **3421 W CYPRESS AVENUE**
TAMPA FL 33607

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D, PRESIDENT** ☒ Change ☐ Addition
NAME **SHERI A. SMIDHUM**
STREET ADDRESS **3421 W. CYPRESS STREET**
CITY-ST-ZIP **TAMPA, FL 33607**

TITLE **D, VICE PRESIDENT** ☐ Change ☒ Addition
NAME **LON C. MANLEY**
STREET ADDRESS **3421 W. CYPRESS STREET**
CITY-ST-ZIP **TAMPA, FL 33607**

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

TITLE ☐ Change ☐ Addition
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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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 813-879-1040
 Date Daytime Phone #

CR2E034 (9/01)