

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

DOCUMENT # P01000087812

1. Entity Name

SMART CHOICE LOAN CENTER INC.

04-09-2002 91180 047 ***150.00

Principal Place of Business

**370 W. CAMINO GARDENS BLVD., STE. 201
 BOCA RATON FL 33432**

Mailing Address

**370 W. CAMINO GARDENS BLVD., STE. 201
 BOCA RATON FL 33432**



2. Principal Place of Business

3. Mailing Address

**C/O BLAKESBERG & CO CPA'S
 951 SW 4TH AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

BOCA RATON, FL 33432

4. FEI Number

65-1137393

Appl

Not

Zip

Country

Zip

33432

Country

5. Certificate of Status Desired ☐

\$8.75 Additl
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOOD, EDWARD J
 236 E. BOCA RATON RD.
 BOCA RATON FL 33432**

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, 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 **D** ☐ Delete
 NAME **WOOD, EDWARD J**
 STREET ADDRESS **236 E. BOCA RATON RD.**
 CITY-ST-ZIP **BOCA RATON FL 33432**

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

TITLE **D** ☐ Delete
 NAME **GONTEN, ZACHERY VON**
 STREET ADDRESS **10785 NADINE**
 CITY-ST-ZIP **HUNTINGTON WOODS MI 48070**

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

TITLE ☐ Delete
 NAME
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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:

EDWARD J WOOD
 SECRETARY AND TYPE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4.1.02 561.367.7182

Date

Daytime Phone #