

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000081359

1. Entity Name
SMP SPECIALTY TOOLS, INC.



Principal Place of Business
3786 S.W. 30TH AVENUE
FORT LAUDERDALE, FL 33312

Mailing Address
3786 S.W. 30TH AVENUE
FORT LAUDERDALE, FL 33312



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0111229

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEISS-SCOTT, SHERYL
16840 SW 62 ST
SOUTHWEST RANCHES, FL 33331

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME SCOTT, ROBERT
STREET ADDRESS 3786 S.W. 30TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE, FL 33312

TITLE D
NAME WEISS-SCOTT, SHERYL
STREET ADDRESS 3786 S.W. 30TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE, FL 33312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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1000000418385
02/14/06-80005-009 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Sheryl Weiss Scott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/31/06 Daytime Phone # 954-584-7668