

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000001914

1. Entity Name

U.F., INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90052 021 ***150.00

Principal Place of Business

8141 124TH TERRACE NORTH
LARGO FL 33773

Mailing Address

8141 124TH TERRACE NORTH
LARGO FL 33773

2. Principal Place of Business

8248 Ulmerton Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Largo FL

City & State

4. FEI Number 59-3155373

Applied For

Not Applicable

Zip 33771

Country USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, STEVEN D
8141 124TH TERRACE - N
LARGO FL 33773

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME SMITH, STEVEN D
STREET ADDRESS 8248 ULMERTON RD
CITY-ST-ZIP LARGO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME MARJORIE SMITH
STREET ADDRESS 8248 ULMERTON RD.
CITY-ST-ZIP LARGO FL

TITLE
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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/01

777
458 5790

CR2E034 (10/00)