

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000037863

1. Entity Name

SMF, INCORPORATED

Principal Place of Business

101 N. TRIPLET LAKE DR.  
CASSELBERRY FL 32707

Mailing Address

101 N. TRIPLET LAKE DR.  
CASSELBERRY FL 32707-3321

2. Principal Place of Business

220 Live Oak Blvd.

3. Mailing Address

220 Live Oak Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Casselberry, FL

City & State

Casselberry, FL

Zip

Country

32707 USA

Zip

Country

32707 USA

6. Name and Address of Current Registered Agent

FOWLER, JAMES M JR  
41 N. TRIPLET LAKE DR.  
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

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, 2000 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 PD  
NAME FOWLER, JAMES M JR  
STREET ADDRESS 41 N. TRIPLET LAKE DR.  
CITY-ST-ZIP CASSELBERRY FL 32707 ☐ Delete

TITLE D  
NAME FOWLER, SUSAN M  
STREET ADDRESS 41 N. TRIPLET LAKE DR.  
CITY-ST-ZIP CASSELBERRY-FL 32707 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 #

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90060 037 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3184794

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

CR2E034 (9/99)