

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90010 027 ***150.00

DOCUMENT # P93000077585

1. Entity Name

SMARTSOFT, INC.

Principal Place of Business

134 SPRING VALLEY LOOP
ALTAMONTE SPRINGS FL 32714

Mailing Address

2473 BAYSHORE BLVD
SUITE 806
TAMPA FL 33629
US

2. Principal Place of Business

2950 Aloma Ave

3. Mailing Address

2950 Aloma Ave

Suite, Apt., etc.

Suite 401

Suite, Apt., etc.

Suite 401

City & State

Winter Park FL

City & State

Winter Park FL

Zip

32792

Country

USA

Zip

32792

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3210247

Applied For

Not Applicable

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

FARAHBAKSH, MICHELLE F
2413 BAYSHORE BLVD
SUITE 806
TAMPA FL 33629

Name

same

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

227 Lazy Acres Ln.

City

Longwood FL

Zip Code

32750

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
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
FARAHBAKSH, MICHELLE F
2413 BAYSHORE BLVD, SUITE 806
TAMPA FL 33629 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
same
same
227 Lazy Acres Ln.
Longwood FL 32750 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 life empowered.

SIGNATURE: Michelle Farahbaksh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-09-01 407-671-9277
Date Daytime Phone #

CR2E034 (10/00)