

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000044342

1. Entity Name

SMOOTH VENTURES, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90016 018 ***150.00

Principal Place of Business

1962 SAN MARCO BLVD
 JACKSONVILLE FL 32207
 US

Mailing Address

ONE INDEPENDENT DR
 #2210
 JACKSONVILLE FL 32202-5015
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3326346**

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

LETO, CHRISSY
 1 INDEPENDENCE DR
 STE 2210
 JACKSONVILLE FL 32202

Name

DAVID SURFACE

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

1 INDEPENDENT DR. #2210

City

JACKSONVILLE

FL

Zip Code

32202

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

David C. Surface **DAVID C. SURFACE**

4/24/00

Signature, typed or printed name of registered agent and date 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPS	<input type="checkbox"/> Delete
NAME	SURFACE, M. MARCHIE	
STREET ADDRESS	1901 NORTH 1ST ST #1601	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	SURFACE, DAVID K.	
STREET ADDRESS	1901 NORTH 1ST ST #1601	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	AURELL, JOHN K	
STREET ADDRESS	920 LIVE OAK PLANTATION ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input type="checkbox"/> Delete
NAME	AURELL, JANE C	
STREET ADDRESS	920 LIVE OAK PLANTATION ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MARCHANT R. SURFACE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1511 AVONDALE AV.	
STREET ADDRESS	JACKSONVILLE, FL 32205	
CITY-ST-ZIP		
TITLE	DAVID K. SURFACE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1511 AVONDALE AV.	
STREET ADDRESS	JACKSONVILLE, FL 32205	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

David K. Surface **DAVID K. SURFACE**

Date

Daytime Phone #

4/24/00 904-633-2095

CR2E034 (9/99)