

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 26, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P95000044342**1. Entity Name  
SMOOTH VENTURES, INC.**Principal Place of Business**

1962 SAN MARCO BLVD

JACKSONVILLE

32207

FL

US

**Mailing Address**

ONE INDEPENDENT DR

#2210

JACKSONVILLE

32202

US

FL

**2. Principal Place of Business**

ONE INDEPENDENT DR

**3. Mailing Address**

ONE INDEPENDENT DR

Suite, Apt. #, etc.

SUITE 2210

Suite, Apt. #, etc.

SUITE 2210

City &amp; State

JACKSONVILLE

FL

City &amp; State

JACKSONVILLE

FL

Zip

32202

Country

US

Zip

32202

Country

US

**4. FEI Number****59-3326346**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

SURFACE DAVID

1 INDEPENDENT DR.

#2210

JACKSONVILLE

FL

32202

**7. Name and Address of New Registered Agent**

Name

SURFACE DAVID

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

ONE INDEPENDENT DR

SUITE 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 SURFACE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**04/26/2001**

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**

TITLE	D	<input type="checkbox"/> Delete
NAME	AURELL JANE C	
STREET ADDRESS	920 LIVE OAK PLANTATION ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32312	

TITLE	D	<input type="checkbox"/> Delete
NAME	AURELL JOHN K	
STREET ADDRESS	920 LIVE OAK PLANTATION ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32312	

TITLE	P	<input type="checkbox"/> Delete
NAME	SURFACE DAVID K.	
STREET ADDRESS	1511 AVON DALE AVE.	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	

TITLE	VPS	<input type="checkbox"/> Delete
NAME	SURFACE M. MARCHIE	
STREET ADDRESS	1511 AVON DALE AVE.	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PHILLIPS VIRGINIA		
STREET ADDRESS	19575 TRAILS END TERR		
CITY-ST-ZIP	JUPITER FL 33458		

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROACH ALFRED R		
STREET ADDRESS	19575 TRAILS END TER.		
CITY-ST-ZIP	JUPITER FL 33458		

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			

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 Surface**

P

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)