

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000016071

1. Entity Name

SELLSMART, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90101 013 ***150.00

Principal Place of Business

Mailing Address

3260 W KEYIN LANE
LECANTO FL 34460

P.O. BOX 995
LECANTO FL 34460-0995

2. Principal Place of Business

3. Mailing Address

3260 W. KEVIN LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LECANTO, FL

City & State

4. FEI Number

59-3444603

Applied For

Not Applicable

Zip

Country

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

NEFF, EDWARD R
3260 W KEYIN LANE
LECANTO FL 34464

Name

CHERYL F. NEFF

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

3260 W. KEVIN LANE

City

LECANTO

FL

Zip Code

344601

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 *Cheryl F. Neff* PRESIDENT

4.20.00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS NEFF, CHERYL F
CITY-ST-ZIP 3260 W KEYIN LN
LECANTO FL 34461

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

TITLE ☒ Delete
NAME ST
STREET ADDRESS NEFF, EDWARD R
CITY-ST-ZIP 3260 W KEYIN LN
LECANTO FL 34461

TITLE ☐ Change ☒ Addition
NAME ST
STREET ADDRESS KABIS, WALTER
CITY-ST-ZIP 1536 SW 151 AVE
PEMBROKE PINES, FL 33027

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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: *Cheryl F. Neff*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

Daytime Phone #

4.20.00

12100

352-527-0800

CR2E034 (9/99)