

2000 UNIFORM BUSINESS REPORT (UBR)

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

01-18-2000 90180 046 ***150.00

DOCUMENT # P96000031540

1. Entity Name

SMITH EXPRESS, INC.

Principal Place of Business

Mailing Address

112 N.W. 8TH AVENUE
 SOUTH BAY FL 33-4493
 US

P.O. BOX 584
 SOUTH BAY FL 33493-0584
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0664039**

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

SMITH, CAROLYN
5725 CORPORATE WAY, SUITE 206
WEST PALM BEACH FL 33407

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, FRANKIE A	
STREET ADDRESS	112 NORTHEWST 8TH AVENUE	
CITY-ST-ZIP	SOUTH BAY FL 33493	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, MILRANDA	
STREET ADDRESS	112 NORTHEWST 8TH AVENUE	
CITY-ST-ZIP	SOUTH BAY FL 33493	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, KAREN	
STREET ADDRESS	112 NORTHEWST 8TH AVENUE	
CITY-ST-ZIP	SOUTH BAY FL 33493	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	RITA B. SMITH	
STREET ADDRESS	112 N.W. 8TH AVE.	
CITY-ST-ZIP	SOUTH BAY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Frankie A. Smith*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1-9-00 Daytime Phone #: (561) 996-2404

CR2E034 (9/99)