

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000088188

1. Entity Name

KENTON SMITH ADVERTISING AND PUBLIC RELATIONS,

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90009 041 \*\*\*150.00

Principal Place of Business

Mailing Address

733 W COLONIAL DRIVE  
SUITE 7  
ORLANDO FL 32804  
US

733 W COLONIAL DR  
SUITE 7  
ORLANDO FL 32804-7343  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

455 S. Orange Ave

Suite, Apt. #, etc.  
Suite 200

City & State  
ORLANDO FL

Zip  
32801

Country  
U.S.

3. Mailing Address

455 S. Orange Ave

Suite, Apt. #, etc.  
Suite 200

City & State  
ORLANDO FL

Zip  
32801

Country  
U.S.

4. FEI Number 59-3413956

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

SMITH, KENNETH  
733 W COLONIAL DRIVE  
SUITE 7  
ORLANDO FL 32804

Name  
SMITH, KENNETH  
Street Address (P.O. Box Number is Not Acceptable)  
455 S. Orange Ave  
Suite 200  
City Orlando FL Zip Code 32801

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 Kenneth Smith

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/2000

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: ☐ \$5.00 May Be Added to Fees  
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME SMITH, WANDA KENTON  
STREET ADDRESS 733 W COLONIAL DRIVE  
CITY-ST-ZIP ORLANDO FL 32804 ☐ Delete

TITLE D ☒ Change ☐ Addition  
NAME SMITH, WANDA KENTON  
STREET ADDRESS 455 S. ORANGE AVE Suite 200  
CITY-ST-ZIP Orlando, FL 32801

TITLE D  
NAME SMITH, KENNETH A  
STREET ADDRESS 733 W COLONIAL DRIVE  
CITY-ST-ZIP ORLANDO FL 32804 ☐ Delete

TITLE D ☒ Change ☐ Addition  
NAME SMITH, Kenneth A  
STREET ADDRESS 455 S. Orange Ave, Suite 200  
CITY-ST-ZIP ORLANDO FL 32801

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

TITLE  
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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 like empowered.

SIGNATURE:

Kenneth Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2000

Date

407 872-7799

Daytime Phone #

CR2E034 (9/99)