

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90074 047 ***150.00

DOCUMENT # P96000099113

1. Entity Name

OLIVER K. MACKENZIE-SMITH, P.A.

Principal Place of Business

Mailing Address

**8503 SOUTH FEDERAL HWY., SUITE 9
 PORT ST. LUCIE FL 34952**

**8503 SOUTH FEDERAL HWY., SUITE 9
 PORT ST. LUCIE FL 34952-3346**

**1109 Delaware Ave
 Ft Pierce FL 34950**

911904



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

65-0728201

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

MACKENZIE-SMITH, OLIVER K

**8503 SOUTH FEDERAL HWY., SUITE 9
 PORT ST. LUCIE FL 34952**

**1109 Delaware Ave
 Ft Pierce FL
 34950**

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 **P** ☐ Delete
 NAME **MACKENZIE-SMITH, OLIVER K**
 STREET ADDRESS **8503 S FEDERAL HIGHWAY SUITE 9**
 CITY-ST-ZIP **PORT ST LUCIE FL 34950**

TITLE ☐ Change ☐ Add
 NAME **1109 Delaware Ave**
 STREET ADDRESS **FL 34950**
 CITY-ST-ZIP **FL 34950**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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TITLE ☐ Change ☐ Add
 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 changed, or on an attachment with an address with an other like empowered.

SIGNATURE:

Oliver K. Mackenzie-Smith

1/28/00

(561) 343-9050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #