

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000084924

1. Entity Name
TSMITH PUBLISHING, INC.

FILED
Aug 21, 2000 8:00 am
Secretary of State
08-21-2000 90209 020 ***550.00

Principal Place of Business
1645 LADY SLIPPER CIRCLE
ORLANDO FL 32806

Mailing Address
1645 LADY SLIPPER CIRCLE
ORLANDO FL 32806
US

A0073470



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10200 Forget-Me-Not Crt
Suite, Apt. #, etc.
Orlando, FL
City & State

3. Mailing Address

10200 Forget-Me-Not Crt
Suite, Apt. #, etc.
Orlando, FL
City & State

4. FEI Number 593471304

Applied For
Not Applicable

Zip
32825

Country
USA

Zip
32825

Country
USA

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

6. Name and Address of Current Registered Agent

SMITH, THOMAS L
4124 TERIWOOD AVE
ORLANDO FL 32812

7. Name and Address of New Registered Agent

Name SMITH, THOMAS L
Street Address (P.O. Box Number is Not Acceptable)
10200 Forget-Me-Not Crt
City Orlando FL Zip Code 32825

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 _____ (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 P
NAME THOMAS SMITH
STREET ADDRESS 4124 TERIWOOD AVE
CITY-ST-ZIP ORLANDO FL 32812 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME THOMAS SMITH
STREET ADDRESS 10200 Forget-Me-Not Crt
CITY-ST-ZIP Orlando, FL 32825 ☒ Change ☐ Addition

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

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

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

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

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: _____ SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-01-00 407-737-1088
Date Daytime Phone #

CR2E034 (5/00)