

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000089181

1. Entity Name

JACK SMITH P.A.

**FILED**  
**Jul 17, 2000 8:00 am**  
**Secretary of State**

07-17-2000 90079 010 \*\*\*550.00

Principal Place of Business

~~22500 FRONT BEACH RD~~  
~~SUITE 15~~  
PANAMA CITY BEACH FL 32413  
US

Mailing Address

~~22500 FRONT BEACH RD~~  
~~SUITE 15~~  
PANAMA CITY BEACH FL 32413  
US

2. Principal Place of Business

21720 FRONT BEACH RD.

3. Mailing Address

21720 FRONT BEACH RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PANAMA CITY BEACH, FL.

City & State

PANAMA CITY BEACH, FL.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

32413-3318

US

Zip

Country

32413-3318

US

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, JACK M

~~22500 FRONT BEACH RD. #115~~ 21720 FRONT BEACH RD.  
PANAMA CITY BEACH FL 32413 - 3318

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

JACK M. SMITH PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-12-2000

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME SMITH, JACK M.  
STREET ADDRESS ~~22500 FRONT BEACH RD, SUITE 15~~  
CITY-ST-ZIP PANAMA CITY BEACH FL 32413 - 3318

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-2000 850-234-1404  
Date Daytime Phone #