

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000002922****1. Entity Name**
PHIL SMITH IMPORTS, INC.**FILED**
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90038 020 ***150.00

Principal Place of Business**Mailing Address****246 US HIGHWAY 1 SOUTH**
VERO BEACH FL 32962**3801 W SUNRISE BLVD**
FT LAUDERDALE FL 33311**00036931**

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 65-0804487Applied 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****HUMPHRIES, J GREGORY**
20 N ORANGE AVE
STE 1000
ORLANDO FL 32801-4626

Name

J. Gregory Humphries

Street Address (P.O. Box Number is Not Acceptable)

Shutts & Bowen LLP**300 S. Orange Avenue, Suite 1000**

City

Orlando**FL**

Zip Code

32801-4956**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

J. Gregory Humphries**4/10/01**

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, 2001 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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SMITH, PHILIP P 3801 W SUNRISE BLVD FT LAUDERDALE FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD DAYHOFF, MICHAEL R 3801 W. SUNRISE BLVD FT LAUDERDALE FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:****Michael R. Dayhoff****4/10/01**

Date

(954) 583-1234

Daytime Phone #

CR2E034 (10/00)