

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000028164

1. Entity Name

SMART IDEAS ASSOCIATES, INC.

FILED

May 16, 2000 8:00 am  
Secretary of State

05-16-2000 90036 044 \*\*\*150.00

Principal Place of Business P.O. BOX 273536 TAMPA FL 33688-3536	Mailing Address C/O WALTER SANDERS 13910 N DALE MABRY HWY STE 1 TAMPA FL 33618-2440
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 3355 BEARSS AVE Suite, Apt. #, etc.
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City & State TAMPA, FLORIDA	City & State TAMPA, FLORIDA
Zip 33618	Zip 33618



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3500484	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SANDERS, WALTER 13910 NORTH DALE MARY HWY STE ONE TAMPA FL 33618
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7. Name and Address of New Registered Agent Name: WALTER SANDERS Street Address (P.O. Box Number is Not Acceptable): 3355 BEARSS AVE City: TAMPA FL Zip Code: 33618
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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: <u>Walter Sanders</u> <u>Walter Sanders</u> DATE: <u>3/31/00</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
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9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MILLER, MICHAEL E 4402 HONEYBROOK CIRCLE TAMPA FL 33624 <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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.
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SIGNATURE: <u>Michael E. Miller</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <u>27 April 00</u> Daytime Phone #: <u>813 265-4357</u>
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