

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000030942

1. Entity Name

SMILEY ENTERPRISES ENVIRONMENTAL SERVICES UTILIT

FILED

Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90100 010 ***163.75

Principal Place of Business

Mailing Address

1225 EAST 131ST AVENUE

1225 EAST 131ST AVENUE

SUITE G

SUITE G

TAMPA FL 33612

TAMPA FL 33687-6429

2. Principal Place of Business

3. Mailing Address

12105 N. 52nd St.

P.O. Box 16429

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, Fla.

City & State

Tampa, Fla.

Zip
33617

Country
Hills.

Zip
33687-6429

Country
Hills.

4. FEI Number

59-1862606

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMILEY, MIKE M
1225 EAST 131ST AVENUE
SUITE G
TAMPA FL 33612

Name

Smiley, Mike M.

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

12105 N. 52nd St.

City

Tampa

FL

Zip Code
33617

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.

XX

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
SMILEY, MIKE M
1225 EAST 131ST AVENUE, SUITE G
TAMPA FL 33612 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
Smiley, Mike M.
12105 N. 52nd St.
Tampa, Fla. 33617 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-00 (813) 987-2956

Date

Daytime Phone #

CR2E034 (9/99)