

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000034324

1. Entity Name

FALKANGER SMITH ADVERTISING, INC.

Working Girl Communications, Inc

Principal Place of Business

888 SOUTH ANDREWS AVE. SUITE 300
FT LAUDERDALE FL 33316

Mailing Address

888 SOUTH ANDREWS AVE. SUITE 300
FT LAUDERDALE FL 33316-1047

2. Principal Place of Business

824 E. Atlantic Ave

Suite, Apt. #, etc.

Suite Six

City & State

Delray Beach, FL

Zip

33483

Country

USA

3. Mailing Address

824 E. Atlantic Ave

Suite, Apt. #, etc.

Suite Six

City & State

Delray Beach, FL

Zip

33483

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0833688

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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

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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **SMITH, JULIE F**
STREET ADDRESS **888 SOUTH ANDREWS AVE, SUITE 300**
CITY-ST-ZIP **FT LAUDERDALE FL 33316**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **Julie F. Smith**
STREET ADDRESS **824 E. Atlantic Avenue, #16**
CITY-ST-ZIP **Delray Beach, FL 33483**

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

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

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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

Date

Daytime Phone #

Julie F. Smith **Julie F Smith** **4/25/00** **561-272-2292**