

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000050966

1. Entity Name

SMOOTH DADDY ENTERPRISES, INC.

FILED

Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90016 024 ***150.00

Principal Place of Business

Mailing Address

909 SUMMERBROOKE DRIVE
TALLAHASSEE FL 32312

909 SUMMERBROOKE DRIVE
TALLAHASSEE FL 32312-6705

2. Principal Place of Business

1480-B Apalachee Pkwy
Suite, Apt. #, etc.

3. Mailing Address

1480-B Apalachee Pkwy
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, FL

Zip

32301

Country

USA

City & State

Tallahassee, FL

Zip

32301

Country

USA

4. FEI Number

59-3517141

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BIST, MICHAEL P
1300 THOMASWOOD DRIVE
TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

Name

Jon Homan

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

501 Blairstone Rd. Apt #4204

City

Tallahassee

FL

Zip Code

32301

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.

Jon Homan

(NOTE: Registered Agent signature required when reinstating)

2-1-2000

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	GRAVES, TERRY G	909 SUMMERBROOKE DRIVE	TALLAHASSEE FL 32312	<input checked="" type="checkbox"/>
STD	DULWORTH, SCOTT W	9477 BUCKHAVEN TRAIL	TALLAHASSEE FL 32312	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	Homan, Jon	501 Blairstone Rd. Apt 4204	Tallahassee, FL 32301	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Jon Homan

Date

Daytime Phone #

2-1-2000 (850) 219-1287

CR2E034 (9/99)