

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000051386

1. Entity Name

SMS INVESTMENTS, INC.

FILED

00 SEP 14 PM 3:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

165 MANDALAY ROAD  
PUNTA GORDA FL 33950

165 MANDALAY ROAD  
PUNTA GORDA FL 33950-7521

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0846444

Applied 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

CRAWFORD, J. STEPHEN  
5129 CASTELLO DRIVE, SUITE 2  
NAPLES FL 34103

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME MCCLAIN, SHARON L  
STREET ADDRESS 17105 SAN CARLOS BLVD., B-5  
CITY-ST-ZIP FT. MYERS BEACH FL 33931

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

TITLE TSVP ☒ Delete  
NAME MCCLAIN, SHARON L  
STREET ADDRESS 17105 SAN CARLOS BLVD., B-5  
CITY-ST-ZIP FT. MYERS BEACH FL 33931

TITLE TSVP ☐ Change ☒ Addition  
NAME Daniel McLain  
STREET ADDRESS 17105 San Carlos Blvd B5  
CITY-ST-ZIP Ft Myers Be, FL 33931

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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

Sept 13, 2000

Date

941-505-0565

Daytime Phone #

CR2E034 (9/99)

To Whom It May Concern,

2 of 2

I am writing to you to give an explanation of why I was late in filing in hopes of waiving the late penalty. I was involved in a motorvehicle accident and 12 days later we lost the life of my daughter in a separate motorvehicle accident. Our lives were turned upside down and we were mentally incapable of vertully anything. If you are unable to please let me know.

Sincerely  
Sharon McLain  
Phone 941 505 0565  
work 941 235-7270