

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90427 039 ***150.00

DOCUMENT # 408 000058 (813) 855-4335

1. Entity Name

J. J. SMOOTHY INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

J. J. SMOOTHY

3. Mailing Address

11256 W. Hillsborough Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11256 W. Hillsborough Ave

City & State

City & State

Tampa, Florida

Tampa, Florida

Zip

Country

Zip

Country

33635

U.S.A.

33635

U.S.A.

4. FEI Number

59-3529238

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JEREMY WILBY

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

4992 Silverthorne Crt.

City

Oldsmar

FL

Zip Code

34677

**DO NOT WRITE
IN THIS SPACE**

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)

04/30/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 PRESIDENT
NAME JEREMY WILBY
STREET ADDRESS 4992 Silverthorne Crt.
CITY-ST-ZIP Oldsmar FL 34677

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/02 (727) 784-8667

Date

Daytime Phone #

CR2E034B (12/01)