

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000093956

1. Entity Name

S.M.S. SIGNS & HOUSE MAINTENANCE SERVICE, INC.

FILED

May 01, 2000 8:00 am
Secretary of State

05-01-2000 90368 006 ***150.00

Principal Place of Business Mailing Address
2190 MAIN STREET 3648 WENT DR. 2190 MAIN STREET 3648 WENT DR.
SARASOTA FL 34237 SARASOTA FL 34237-6024 NAPLES, FL
NAPLES, FL 34112 34112

2. Principal Place of Business 3648 WENT DR.
Suite, Apt. #, etc.

3. Mailing Address 3648 Kent Dr.
Suite, Apt. #, etc.

City & State NAPLES, FL
Zip 34112 Country U.S.A.

4. FEI Number 65-0875897
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JAGNSCH, P. CHRISTOPHER
2190 MAIN STREET
SARASOTA FL 34237

7. Name and Address of New Registered Agent
Name SYLVIA R. WASCH
Street Address (P.O. Box Number is Not Acceptable) 3648 WENT DRIVE
City NAPLES FL Zip Code 34112

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 Sylvia Wasch SYLVIA WASCH PRESIDENT 04-17-00
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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WASCH, SYLVIA		NAME		
STREET ADDRESS	3648 KENT DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34112		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: SYLVIA WASCH PRESIDENT 04-17-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)