

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000093956

1. Entity Name
S.M.S. SIGNS & HOUSE MAINTENANCE SERVICE, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90068 007 ***150.00

Principal Place of Business
**3648 WENT DR
NAPLES FL 34112**

Mailing Address
**3648 WENT DR
NAPLES FL 34112**

2. Principal Place of Business
3648 KENT DRIVE
Suite, Apt. #, etc.

3. Mailing Address
3648 KENT DRIVE
Suite, Apt. #, etc.

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

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

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

7. Name and Address of New Registered Agent

**WASCH, SYLVIA
3648 WENT DR
NAPLES FL 34112**

PLEASE CORRECT TO:

Name **WASCH, SYLVIA**
Street Address (P.O. Box Number is Not Acceptable)

KENT 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 _____ (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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D WASCH, SYLVIA 3648 KENT DRIVE NAPLES FL 34112	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** **Sylvia Wasch** **04/17/01** **(941) 775-7999**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)