

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000023390

1. Entity Name

SMOOTHIEQ, INC.

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FILED
Jun 27, 2000 8:00 am
Secretary of State

05-30-2000 90005 038 ***150.00

Principal Place of Business 10020 HAMPTON PLACE TAMPA FL 33618	Mailing Address 10020 HAMPTON PLACE TAMPA FL 33759-2599
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2. Principal Place of Business 6901 22 nd Ave Suite, Apt. #, etc.	3. Mailing Address 3021 SE 590 Suite, Apt. #, etc. 402
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DO NOT WRITE IN THIS SPACE

City & State St. Petersburg FL	City & State Clearwater FL	4. FEI Number 59-3576078	Applied For <input type="checkbox"/> Not Applicable
Zip 33710	Country Puerto Rico	Zip 33759	Country Puerto Rico

6. Name and Address of Current Registered Agent GLEASON, KEVIN 10020 HAMPTON PLACE TAMPA FL 33618	7. Name and Address of New Registered Agent Name Kevin Gleason Street Address (P.O. Box Number is Not Acceptable) 3021 SE 590 #402 City Clearwater FL Zip Code 33759
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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 Kevin Gleason (NOTE: Registered Agent signature required when reinstating) DATE 4-10-00

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 President / All office employees	NAME Kevin Gleason	TITLE	NAME
STREET ADDRESS 3021 SE 590 #402	CITY-ST-ZIP Clearwater FL 33759	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: Kevin Gleason Date 4-10-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)