

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000023390

1. Entity Name

SMOOTHIEQ, INC.

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

05-30-2000 90005 038 ***150.00

Principal Place of Business

Mailing Address

10020 HAMPTON PLACE
TAMPA FL 33618

10020 HAMPTON PLACE
TAMPA FL 33759-2599

2. Principal Place of Business

3. Mailing Address

6901 22nd Ave
Suite, Apt. #, etc.

3021 SE 590
Suite, Apt. #, etc.

City & State

City & State

St. Petersburg FL

Clearwater FL

4. FEI Number

Applied For

59-3576078

Not Applicable

Zip

Country

Zip

Country

33710

PERUAS

33759

PERUAS

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

GLEASON, KEVIN
10020 HAMPTON PLACE
TAMPA FL 33618

Name

Kevin Gleason

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

3021 SE 590 #402

City

Clearwater

FL

Zip Code

33759

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

Kevin Gleason

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
STREET ADDRESS 3021 SE 590 #402
CITY-ST-ZIP Clearwater FL 33759 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Kevin Gleason

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-00

CR2E034 (9/99)