

2001 UNIFORM BUSINESS REPORT (UBR)

2/c

FILED
Mar 09, 2001 8:00 am
Secretary of State

02-06-2001 90317 040 ***150.00

DOCUMENT # P99000026235

1. Entity Name

SMITH AND KARTSONIS PROPERTIES, INC.

Principal Place of Business
580 WEST 8TH ST. STE 7017
JACKSONVILLE FL 32209

Mailing Address
580 WEST 8TH ST. STE 7017
JACKSONVILLE FL 32209

2. Principal Place of Business

4479 Baymeadows Rd

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32217

Country

USA

Zip

32217

Country

USA

4. FEI Number **59-3564371**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROWE AND ROWE, P.A.
9471 BAYMEADOWS RD, STE 203
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

EMP Smith

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, 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

TITLE **D** ☐ Delete
NAME **SMITH, EDWARD W.P.**
STREET ADDRESS **580 WEST 8TH ST, STE 7017**
CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE **D** ☐ Delete
NAME **KARTSONIS, JOHN P**
STREET ADDRESS **580 WEST 8TH ST, STE 7017**
CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **address**
STREET ADDRESS **4479 Baymeadows Rd**
CITY-ST-ZIP **Jacksonville, FL 32217**

TITLE ☒ Change ☐ Addition
NAME **address**
STREET ADDRESS **4479 Baymeadows Rd**
CITY-ST-ZIP **Jacksonville, FL 32217**

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

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:

EMP Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)