

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033097 -

1. Entity Name

Actuarial Solution, Inc.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90018 014 ***150.00

00098065

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address

801 WEST BAY DR. # 404

- SAME -

LARGO FL 33770

2. Principal Place of Business

801 WEST BAY DR.

Suite, Apt. #, etc.

* 404

City & State

LARGO FL

Zip

33770

Country

USA

3. Mailing Address

801 WEST BAY DR.

Suite, Apt. #, etc.

* 404

City & State

LARGO, FL

Zip

33770

Country

USA

4. FEI Number

59-3571623

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

W.L. SMITH

801 WEST BAY DR. # 404

LARGO FL 33770

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

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

TITLE ☐ Delete

NAME LEON SMITH

STREET ADDRESS 801 WEST BAY DR # 404

CITY-ST-ZIP LARGO, FL 33770

TITLE ☐ Delete

NAME MANAGING DIRECTOR

STREET ADDRESS MAXIM SMITH

CITY-ST-ZIP 801 W. BAY DR. # 404

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP LARGO, FL 33770

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

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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:

Leon Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-00 727-559-7997

Date

Daytime Phone #

CR2E034 (9/99)