

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90006 028 ***550.00

U114, AD AI

DOCUMENT # P99000038751
1. Entity Name
SMITH & BURRIS BUSINESS SERVICES OF CENTRAL FLOR

LA

Principal Place of Business
999 SORIA AVENUE
ORLANDO FL 32807

Mailing Address
P. O. BOX 682412
ORLANDO FL 32868



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1812 Firwood Ct
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
ORLANDO FLORIDA
Zip **32818** **Country** **ORANGE**

City & State
Zip **Country**

4. FEI Number **59-3580891** **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SMITH, AMARA C
999 SORIA AVENUE
ORLANDO FL 32807

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1812 Firwood Ct
City **Orlando** **FL** **Zip Code** **32818**

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]* **9-10-01**
 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 \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, AMARA C	
STREET ADDRESS	999 SORIA AVENUE	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1812 Firwood Ct	
CITY-ST-ZIP	Orlando FL 32818	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 19.07(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: *[Signature]* **9-10-01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

attachment
DH 099000038257
EOW 05723

TO Whom It May Concern:

Due to the bombing
the Office was
closed until
Wednesday. I spoke
to a rep at
your Office &
he said as
long as I
file before 9/15/10
I was OK. Post-
mark 