

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

REINSTATEMENT 03

0003113 AT

DOCUMENT # P99000038751

1. Entity Name

SMITH & BURRIS BUSINESS SERVICES OF CENTRAL FLORIDA, INC.



Principal Place of Business

2201 RAVENALL
ORLANDO FL 32811

Mailing Address

P. O. BOX 682412
ORLANDO FL 32868

2. Principal Place of Business

927 Gobleway Ave SE FLA

3. Mailing Address

Suite, Apt. #, etc.

101-B

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Zip
32805

Country

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
1812 FIRWOOD CT
ORLANDO FL 32818

7. Name and Address of New Registered Agent

Name Smith, Amara C
Street Address (P.O. Box Number is Not Acceptable)
5168 Millenia Blvd #107
City Orlando FL Zip Code 32839

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/24/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, AMARA C 1812 FIRWOOD CT ORLANDO FL 32818 <i>Address Change</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Smith, Amara C</i> <i>5168 M. Millenia Blvd #107</i> <i>Orlando FL 32839</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>900023311649</i> <i>12/08/03--01081--012 **400.00</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>900023311649</i> <i>03/24/03--01076--008 **150.00</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>900023311649</i> <i>-01/05/04--01002--007 **200.00</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with an other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)