

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084309

1. Entity Name

CURT SMYTHE ENTERTAINMENT, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90048 005 ***150.00

Principal Place of Business

Mailing Address

6870 40TH ST., NE
NAPLES FL 34120

6870 40TH ST., NE
NAPLES FL 34120-2632

00031896



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

786 95th AVE. N.

786 95th AVE. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FL.

City & State

NAPLES, FL.

4. FEI Number

59-3599009

Applied For

Not Applicable

Zip

34108

Country

USA

Zip

34108

Country

USA.

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

SMYTHE, CURT
6870 40TH ST., NE
NAPLES FL 34120

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

Curt Smythe

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME SMYTHE, CURT ☐ Delete
STREET ADDRESS 6870 40TH ST., NE
CITY-ST-ZIP NAPLES FL 34120

TITLE D ☒ Change ☐ Addition
NAME SMYTHE, CURT
STREET ADDRESS 786 95th AVE. N.
CITY-ST-ZIP NAPLES, FL 34108

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

Curt Smythe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-00 (941) 578-0863
Date Daytime Phone #

CR2E034 (9/99)