

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092776

1. Entity Name

SMOOTHEST RIDE PASO FINOS, INC.

FILED

May 04, 2000 8:00 am  
Secretary of State

05-04-2000 90089 045 \*\*\*150.00

Principal Place of Business

Mailing Address

~~3219 TARPON WOODS BLVD~~  
~~PLAM HARBOR FL 34685~~

~~3219 TARPON WOODS BLVD~~  
~~PLAM HARBOR FL 34685-2120~~

13243 NW 82nd St Rd  
Ocala FL 34482

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

13243 NW 82nd St Rd

Ocala FL

City & State

City & State

Ocala

34482 Marion

Zip

Country

Zip

Country

34482

Marion

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, JUDITH E

~~3219 TARPON WOODS BLVD~~  
~~PLAM HARBOR FL 34685~~

13243 NW  
82nd St Rd  
Ocala FL 34482

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

Judith E. Jones, President

April 24, 2000

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	<input type="checkbox"/> Delete
NAME	JONES, JUDITH E	
STREET ADDRESS	<del>3219 TARPON WOODS BLVD</del> 13243 NW	
CITY-ST-ZIP	<del>PLAM HARBOR FL 34685</del> 82nd St Rd Ocala FL 34482	
TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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:

Judith E. Jones, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 2000

Date

Daytime Phone #

CR2E034 (9/99)