

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S06419

1. Entity Name
SMITH & BAKER, INC.

FILED
Feb 22, 2001 8:00 am
Secretary of State

02-22-2001 90127 015 ***150.00

Principal Place of Business
**2455 E. SUNRISE BLVD.
420
FT LAUDERDALE FL 33304
US**

Mailing Address
**2455 E. SUNRISE BLVD.
420
FT LAUDERDALE FL 33304
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0225147**

Applied For

Not Applicable

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

**SMITH, BECKY L.
2455 E. SUNRISE BLVD.
420
FT LAUDERDALE FL 33304**

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 _____ (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, 2001 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 **DP** ☐ Delete
NAME **BAKER, MARY ELLEN**
STREET ADDRESS **1169 HILLSBORO MILE, #19**
CITY-ST-ZIP **HILLSBORO BEACH FL**

TITLE **DP** ☒ Change ☐ Addition
NAME **BAKER, MARY ELLEN**
STREET ADDRESS **1101 RIVER REACH DR.**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33315**

TITLE **STD** ☐ Delete
NAME **SMITH, BECKY L.**
STREET ADDRESS **2647 NW 33RD ST.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **STD** ☒ Change ☐ Addition
NAME **SMITH, BECKY L.**
STREET ADDRESS **1821 NW 45 ST.**
CITY-ST-ZIP **OAKLAND PK, FL 33309**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: Becky Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-5-01** Daytime Phone # **954-568-5942**

CR2E034 (10/00)