

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90073 006 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # H15025

1. Entity Name
CHIP SMITH'S LANDCLEARING, INC.

Principal Place of Business

Mailing Address

12776 NORTH ROAD
 LOXAHATCHEE FL 33470

12776 NORTH ROAD
 LOXAHATCHEE FL 34990-5911

2. Principal Place of Business

3. Mailing Address

9812 S.W. Santa Monica Blvd
 Suite, Apt. #, etc.

9812 S.W. Santa Monica Blvd
 Suite, Apt. #, etc.

City & State
Palm City, FL
 Zip
34990
 Country

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Palm City, FL
 Zip
34990
 Country

4. FEI Number
59-2446571

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, LELAND
 12776 NORTH ROAD
 LOXAHATCHEE FL 33470

Name
Leland Smith
 Street Address (P.O. Box Number is Not Acceptable)
9812 S.W. Santa Monica Blvd
 City **Palm City** FL Zip Code **34990**

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, 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	PD	<input type="checkbox"/> Delete
NAME	SMITH, LELAND	
STREET ADDRESS	12776 NORTH ROAD	
CITY-ST-ZIP	LOXAHATCHEE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SMITH, MAUREEN	
STREET ADDRESS	12776 NORTH ROAD	
CITY-ST-ZIP	LOXAHATCHEE FL	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Leland	
STREET ADDRESS	9812 S.W. Santa Monica Blvd	
CITY-ST-ZIP	Palm City, FL 34990	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Maureen	
STREET ADDRESS	9812 S.W. Santa Monica Blvd	
CITY-ST-ZIP	Palm City, FL 34990	
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 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: **Maureen Smith** **Maureen Smith** **2/24/2000** **(561) 597-0393**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)