

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90022 023 \*\*\*150.00

0085275

**DOCUMENT # J73965**

1. Entity Name

**D & D SMITH CONSTRUCTORS, INC.**

Principal Place of Business

**13561 SUNSET LAKES CIR  
 WINTER GARDEN FL 34787-5421**

Mailing Address

**2500 KUNZE AVE.  
 SUITE B  
 ORLANDO FL 32806  
 US**

2. Principal Place of Business

3. Mailing Address  
**D&D Smith Constructors, Inc.  
 519 Conroy Street  
 Orlando, Florida  
 32805-4724**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2853654**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SMITH, DWIGHT D.  
 13561 SUNSET LKS CIR.  
 WINTER GARDEN FL 34787**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SMITH, DWIGHT D.</b>
STREET ADDRESS	<b>13561 SUNSET LK CIRCLE</b>
CITY-ST-ZIP	<b>WINTER GARDEN FL 34787</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: D. Smith **Dwight D. Smith / President** 1.15.2001 407-422-3232  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)