

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90115 008 ***158.75

DOCUMENT # P19768

1. Entity Name

SMITH LAND & IMPROVEMENT CORPORATION

Principal Place of Business

**2001 STATE ROAD
CAMP HILL PA 17011**

Mailing Address

**2001 STATE ROAD
CAMP HILL PA 17011**

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 **25-1284067**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

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, 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 **CD** ☐ Delete
NAME **JORDAN, R. E II**
STREET ADDRESS **4 FOXTAIL COURT**
CITY-ST-ZIP **MECHANICSBURG PA**

TITLE **C P D** ☒ Change ☐ Addition
NAME **JORDAN, R.E.**
STREET ADDRESS **4 Foxtail Court**
CITY-ST-ZIP **Mechanicsburg, PA**

TITLE **PD** ☒ Delete
NAME **JORDAN, R.E. II**
STREET ADDRESS **4 FOXTAIL COURT**
CITY-ST-ZIP **MECHANICSBURG PA**

TITLE **VD** ☐ Change ☒ Addition
NAME **HETRICK, L.B.S.**
STREET ADDRESS **510 Brentwater Road**
CITY-ST-ZIP **Camp Hill, PA**

TITLE **VD** ☐ Delete
NAME **SHERWOOD, R. C.**
STREET ADDRESS **18 GUNPOWDER ROAD**
CITY-ST-ZIP **MECHANICSBURG PA**

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

TITLE **T** ☐ Delete
NAME **HANLON, TIMOTHY P.**
STREET ADDRESS **107 APPALOOSA DRIVE**
CITY-ST-ZIP **ETTERS PA**

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

TITLE **S** ☐ Delete
NAME **SAVARD, JEFFREY A.**
STREET ADDRESS **1103 GRANDIA FLORA DR.**
CITY-ST-ZIP **MECHANICSBURG VA**

TITLE **SD** ☒ Change ☐ Addition
NAME **SAVARD, JEFFREY A.**
STREET ADDRESS **1103 Grandia Flora Drive**
CITY-ST-ZIP **Mechanicsburg, PA**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Change ☒ Addition
NAME **NESBIT, D.D.**
STREET ADDRESS **1774 S. Meadow Drive**
CITY-ST-ZIP **Mechanicsburg, PA**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy P. Hanlon

01/11/01

Date

717-731-0241

Daytime Phone #

CR2E034 (10/00)

Attachment
D# P19768
608193

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

TAX TRANSMITTAL

NAME OF CORPORATION:	<u>Smith Land & Improvement Corp.</u>
FISCAL YEAR ENDED:	<u>2001</u>
INITIAL OR AMENDED RETURN:	<u>Uniform Business Report</u>
CHECK AMOUNT	<u>\$158.75</u>
CHECK NUMBER	<u># 8285</u>
DATE MAILED:	<u>01/12/00</u>
CERTIFIED MAIL NUMBER:	<u>3220 0009 6913 6778</u>
EXTENSION ATTACHED:	<u></u>
OVERPAYMENT DUE:	<u></u>