

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90097 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

6375 Mercury Drive

Suite, Apt. #, etc.

3. Mailing Address

6375 Mercury Drive

Suite, Apt. #, etc.

City & State
Mechanicsburg PA

Zip
17050-5269

Country
Cumberland

City & State
Mechanicsburg PA

Zip
17050-5269

Country
Cumberland

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, 2002 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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VD
 HETRICK, L.B.S.
 510 BRENTWATER RD
 CAMP HILL PA** ☐ Delete

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

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VD
 NESBIT, D.D.
 1774 S MEADOW DR
 MECHANICSBURG PA** ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TD
 Lee, G.C.
 4835 OAKMONT GREEN
 MECHANICSBURG PA** ☐ Change ☐ Addition

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

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

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

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
Signature of Jeffrey A. Savard
Jeffrey A. Savard, Controller

April 26, 2002 717-795-5335

Date

Daytime Phone #

CR2E034 (9/01)