

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90063 023 \*\*\*150.00

**DOCUMENT # 017826**

1. Entity Name

**ED SMITH LUMBER CO.**

Principal Place of Business

Mailing Address

926 SOUTH THIRD ST  
 JACKSONVILLE BCH FL 32250  
 US

926 SOUTH THIRD ST  
 JACKSONVILLE BCH FL 32250-6514  
 US

00016878



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0697851**

Applied For  
 Not Applied

Zip

Country

Zip

Country

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

CHIVINGTON, DOUGLAS E.  
 2837 SANYUARY  
 JACKSONVILLE BEACH FL 32250

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** may Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
 NAME **CHIVINGTON, PAUL**  
 STREET ADDRESS **1901 1ST ST NO. #703**  
 CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE **D** ☐ Delete  
 NAME **CHIVINGTON, GWENDOLYN**  
 STREET ADDRESS **1901 1ST ST NO. #703**  
 CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE **VPD** ☐ Delete  
 NAME **CHIVINGTON, DOUGLAS**  
 STREET ADDRESS **2837 SANCTUARY BLVD**  
 CITY-ST-ZIP **JACKSONVILLE BCH FL**

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐  
 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, as changed, or on an attachment with an address which will be changed.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/2/00**  
 Date

**904-246-730**  
 Daytime Phone #