

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90005 041 ***550.00

DOCUMENT # 212505

1. Entity Name

SMITH & ROYALS ELECTRIC SUPPLY CO

Principal Place of Business

**11TH @ LIBERTY STREETS
P.O. BOX 3182
JACKSONVILLE FL 32206**

Mailing Address

**11TH @ LIBERTY STREETS
P.O. BOX 3182
JACKSONVILLE FL 32206**

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 **59-0830132**

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

**REEVES, JAMES L.
11TH @ LIBERTY STREETS
JACKSONVILLE FL 32206**

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.

(NOT 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	PD	<input type="checkbox"/> Delete
NAME	REEVES, JAMES L.	
STREET ADDRESS	11TH @ LIBERTY STREETS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOWARD, ROBERT L.	
STREET ADDRESS	11TH @ LIBERTY STREETS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	T	<input type="checkbox"/> Delete
NAME	REEVES, JAMES L.	
STREET ADDRESS	11 LIBERTY ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROYALS, RONALD V.	
STREET ADDRESS	11TH @ LIBERTY STREETS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOWARD, CHRISTOPHER	
STREET ADDRESS	11TH @ LIBERTY STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report, and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other individuals empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER (OFFICER/DIRECTOR)

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)