

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90143 012 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 252471

1. Entity Name
SMITH -FLOYD- GROVES INC



70028189

Principal Place of Business
**3674 ST RD 64E
ZOLFO SPRINGS FL 33890
US**

Mailing Address
**3674 ST RD 64E
ZOLFO SPRINGS FL 33890
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-0989348**

Applied For

Not Applicable

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

**SMITH, JACK LAMAR
3674 SR 64 EAST
ZOLFO SPRINGS FL 33890**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jack L. Smith President*

(NOTE: Registered Agent signature required when reinstating)

DATE

2002/1/15

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SMITH, JACK LAMAR**
STREET ADDRESS **3674 ST RD 64E**
CITY-ST-ZIP **ZOLFO SPRINGS FL 33890**

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

TITLE **ST** ☐ Delete
NAME **SMITH, ROBBIE L**
STREET ADDRESS **2120 JACK SMITH ROAD**
CITY-ST-ZIP **ZOLFO SPRINGS FL 33890**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **IN SIGNATURE REQUIRED** *Jack L. Smith* **03-11-03 863-773-6112**

CR2E034 (10/02)