

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 282981

1. Entity Name

SMITH PLUMBING AND HEATING COMPANY, INC., OF PEN

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90037 021 \*\*\*150.00

Principal Place of Business

Mailing Address

2510 NORTH PACE BOULEVARD  
PENSACOLA FL 32505

2510 NORTH PACE BOULEVARD  
PENSACOLA FLA 32505-5612

80004400



DO NOT WRITE IN THIS SPACE

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 **59-1054380**

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

SMITH, SAMUEL G  
2510 N PACE BLVD  
PENSACOLA FL

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

*Roland Smith Pres. RS*  
**ROLAND SMITH Pres.**

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 Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, SAMUEL G</b>	
STREET ADDRESS	<b>3541 MAIKAI DR.</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32526</b>	
TITLE	<b>PTD</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, ROLAND G</b>	
STREET ADDRESS	<b>8727 KLONDIKE ROAD</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32526</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>CHANCELLOR, SANDRA E</b>	
STREET ADDRESS	<b>2991 BLACKSHEAR AVENUE</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32503</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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:

*Roland Smith Pres.*  
**ROLAND SMITH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/7/2000**

Date

**850 433 4643**

Daytime Phone #