

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 435844

1. Entity Name
SMITH-JONES ENTERPRISES, INC.

Principal Place of Business

10 NE 18TH ST.
HOMESTEAD FL 33030

Mailing Address

351 THOMAS MILL RD.
EASLEY SC 29640
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-1539084

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, KAREN
10 NE 18TH ST
HOMESTEAD FL 33030

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 D ☐ Delete
NAME JONES, JOSEPH M
STREET ADDRESS 351 THOMAS MILL RD
CITY-ST-ZIP EASLEY SC 29640

TITLE VPD ☐ Delete
NAME JONES, ELBERT F
STREET ADDRESS 351 THOMAS MILL RD
CITY-ST-ZIP EASLEY SC 29640

TITLE PD ☐ Delete
NAME JONES, KAREN
STREET ADDRESS 351 THOMAS MILL RD
CITY-ST-ZIP EASLEY SC 29640

TITLE STD ☐ Delete
NAME HAMILTON, SANDRA L
STREET ADDRESS 367 THOMAS MILL RD
CITY-ST-ZIP EASLEY SC 29640

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ 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:

Karen Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 July 2002
Date 1-868-05 Daytime Phone 26-6 837

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90026 038 ***150.00

00121402



DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)

Attachment
ID#435841
80127462

Smith-Jones Ent
#59-153-9084

To whom it May Concern:

The enclosed was received
Tues. July 2, 2002, no notice
before that date. We live
in this country of S.C. and
many times a year we have
problems with receiving or
even getting our mail.
Please check all your e-mail
the past and you will find
fees have always been
paid on time. Please be
so kind as to accept
the enclosed and waive
the large penalty.