

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90049 019 ***150.00

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

DOCUMENT # 506606																																																																																																																													
1. Entity Name R.R. SMITH, INC.																																																																																																																													
Principal Place of Business HIGHWAY #17 SOUTH P.O. BOX 1479 WAUCHULA, FL 33873			Mailing Address HIGHWAY #17 SOUTH P.O. BOX 1479 WAUCHULA, FL 33873																																																																																																																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																																											
City & State		City & State		4. FEI Number 59-1695910																																																																																																																									
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent SMITH, ROBERT RAY RT 3 MANLEY ROAD P.O. BOX 1479 WAUCHULA, FL 33873				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 withdrawing) DATE _____																																																																																																																													
FILE NOW!!! FEE IS: \$150.00 After May 13, 2003 Fee Will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees Trust Fund Contribution ☐																																																																																																																									
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th colspan="3" style="text-align: center;">10. OFFICERS AND DIRECTORS</th><th colspan="3" style="text-align: center;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th></tr></thead><tbody><tr><td style="width: 15%;">TITLE</td><td style="width: 45%;">NAME</td><td style="width: 40%; text-align: center;">☐ Delete</td><td style="width: 15%;">TITLE</td><td style="width: 45%;">NAME</td><td style="width: 40%; text-align: center;">☐ Change ☐ Addition</td></tr><tr><td>STREET ADDRESS</td><td>221 MANLEY RD</td><td></td><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>WAUCHULA, FL 33873</td><td></td><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td>VP</td><td style="text-align: center;">☐ Delete</td><td>TITLE</td><td></td><td style="text-align: center;">☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td>SMITH, ROBERT RAY JR.</td><td></td><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td>2340 GREENLEAF RD</td><td></td><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>ZOLFO SPRINGS, FL 33890</td><td></td><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td>STD</td><td style="text-align: center;">☐ Delete</td><td>TITLE</td><td></td><td style="text-align: center;">☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td>JAHNA, CATHY JO</td><td></td><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td>1319 LAKE ISIS DR</td><td></td><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>AVON PARK, FL 33826</td><td></td><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: center;">☐ Delete</td><td>TITLE</td><td></td><td style="text-align: center;">☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td></td><td></td><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: center;">☐ Delete</td><td>TITLE</td><td></td><td style="text-align: center;">☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td></td><td></td><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td><td>CITY-ST-ZIP</td><td></td><td></td></tr></tbody></table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	221 MANLEY RD		STREET ADDRESS			CITY-ST-ZIP	WAUCHULA, FL 33873		CITY-ST-ZIP			TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	SMITH, ROBERT RAY JR.		NAME			STREET ADDRESS	2340 GREENLEAF RD		STREET ADDRESS			CITY-ST-ZIP	ZOLFO SPRINGS, FL 33890		CITY-ST-ZIP			TITLE	STD	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	JAHNA, CATHY JO		NAME			STREET ADDRESS	1319 LAKE ISIS DR		STREET ADDRESS			CITY-ST-ZIP	AVON PARK, FL 33826		CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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: <u>Robert Ray Smith</u> 3/8/03 1-865-773-9147 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																																													

90133581



☐ CHECK HERE IF MAKING CHANGES

CREC034 (10/02)

Attachment 90133581
506606
R. R. Smith, Inc.
P.O. Box 1479
Wauchula, Florida 33873

5-8-03

This is to replace CR # 1516 mailed
on January 8, 2003 for the annual
dues and was lost in the mail.
It is still outstanding on my bank
statement. That is how I realized
it was not paid.
So I am sending our dues again
to you.

R R Smith Inc.
