

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 588215

1. Entity Name

J. SMITH INSURANCE SERVICE, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90235 016 ***150.00

Principal Place of Business

4166 TAMiami TRAIL
P.O. BOX 805
PORT CHARLOTTE FL 33952
US

Mailing Address

P.O. BOX 510850
PUNTA GORDA FG 33951
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SMITH, BRUCE T.
4166 TAMiami TRAIL
CHARLOTTE HARBOR FL 33852

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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.

(NOTE: Registered Agent's 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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DS
SMITH, MARIE C
4166 TAMiami TR
CHARLOTTE HARBOR, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PD
SMITH, BRUCE T.
4166 TAMiami TR
CHARLOTTE HARBOR, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
CE
SMITH, JAMES T.
4166 TAMiami TRAIL
CHARLOTTE HARBOR FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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CITY- ST- ZIP
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)