

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 848185**

1. Entity Name

JAMES J. SMITH & SONS PAINTING, INC.**FILED**
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90071 008 ***150.00

Principal Place of Business

136 E. MADISON ST.
P.O. BOX 282
GREENCASTLE PA 17225

Mailing Address

136 E. MADISON ST.
P.O. BOX 282
GREENCASTLE PA 17225-0282

80011943



DO NOT WRITE IN THIS SPACE

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 **23-1741172**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MYERS, JOHN H.
1734 MAIN STREET
SARASOTA FL 33578

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.

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 \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------------------|-------------------------|-----------------------|---------------------------------|
| PD | SMITH, JERRY L | PO BOX 35 N/A | GREENCASTLE, PA 00000 | <input type="checkbox"/> |
| STD | TOSTEN, SHARON A | 8023 MOLLY PITCHER HWY | GREENCASTLE, PA 00000 | <input type="checkbox"/> |
| EVF | SMITH, JAMES G | P.O. BOX 263 | GREENCASTLE, PA 00000 | <input type="checkbox"/> |
| STD | SMITH, THELMA E | 136 E.MADISON ST. | GREENCASTLE, PA 00000 | <input type="checkbox"/> |
| VP | SMITH, RICHARD J | 136 E MADISON ST APT #2 | GREENCASTLE PA 17225 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

Sharon A Tosten
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Sec./Treas.**

01/27/00

Date

717-597-7446

Daytime Phone #