

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90156 043 ***150.00

DOCUMENT # 848185Entity Name
AMES J. SMITH & SONS PAINTING, INC.

Principal Place of Business

**36 E. MADISON ST.
P.O. BOX 282
GREENCASTLE PA 17225**

Mailing Address

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

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-1741172

Applied For

Not Applicable

Zip

Country

Zip

Country

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****MYERS, JOHN H.
1734 MAIN STREET
SARASOTA FL 33578**

Name

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

City

FL

Zip Code

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

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, 2002 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**1. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

3. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sharon A Tosten-Sec./Treas.

01/30/02

717-597-7446

Date

Daytime Phone #

CR2E034 (9/01)