

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90479 026 ***150.00

DOCUMENT # 848185



1. Entity Name
JAMES J. SMITH & SONS PAINTING, INC.

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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-1741172**

Applied For
Not Applicable

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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: SIGNATURE REQUIRED Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/03

717-597-7446

CR2E034 (10/02)