## 2001 UNIFORM BUSINESS REPORT (UBR)

## Aug 07, 2001 8:00 am Secretary of State DOCUMENT # F0000001013 06-26-2001 90006 012 \*\*\*150.00 LARRY SMITH CONTRACTOR'S, INC. 08-07-2001 90009 001 \*\*\*400.00 Mailing Address Principal Place of Business 5737 DRY FORK ROAD 5737 DRY FORK ROAD C0074950 CLEVES OH 45002 CLEVES OH 45002 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 31-0891698 Applied For Not Applicable Country Zip \$8.75 Additional Zip Country -5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax tiling requirement and elects to do so. Atter MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PCD CR2E034 (10/00) ☐ Change **Addition** TITLE ☐ Delete SMITH, LARRY NAME NAME MARTY BOGGS STOTION FORK RO 5737 DRY FORK ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IP CLEVES OH 45002 CITY-ST-7/P LEVES OHIO 4500 ☐ Delete TITLE Change ☐ Addition TITLE SMITH, MARVIN J NAME NAME 5737 DRY FORK ROAD STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CLEVES OH 45002 CITY-ST-ZIP Delete TITLE ☐ Change Addition OTTE, WILLIAM NAME NAME 5737 DRY FORK ROAD STREET ADDRESS STREET ADDRESS CITY ST-ZIP. CLEVES . OH . 45002 . CITY-ST-7IP Delete Change Change ☐ Addition TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ampowered. 62001 SIGNATURE:

KAME OF SIGNING OFFICER OR DIRECTOR