

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90094 048 ***150.00

DOCUMENT # F81274



1. Entity Name
SMITH SOUTH REEDY GROVES, INC.

Principal Place of Business
**1187 S. LAKE REEDY BLVD.
P.O. BOX 505
FROSTPROOF FL 33843**

Mailing Address
**1187 S. LAKE REEDY BLVD.
P.O. BOX 505
FROSTPROOF FL 33843**



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 **59-2246764**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, RUTH P.
1187 SOUTH LAKE REEDY BLVD.
FROSTPROOF FL 33843**

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 _____ (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	PTD	<input type="checkbox"/> Delete
NAME	SMITH, RUTH P	
STREET ADDRESS	1187 S. LAKE REEDY BLVD.	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SMITH, JAMES H.	
STREET ADDRESS	318 CARMELA CIRCLE	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, A.M.	
STREET ADDRESS	1187 S. LAKE REEDY BLVD	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SMITH, NEWELL A.	
STREET ADDRESS	324 SUNSET RD	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCDOWELL, MARY C.	
STREET ADDRESS	1132 PONDS RD	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *Newell A. Smith* **SIGNATURE REQUIRED** **Newell A. Smith** **3-28-03** **863-635-2143**

CR2E034 (10/02)