

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005557

1. Entity Name

SMITH CONSTRUCTION ENGINEERING CORP.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90002 037 ***158.75

Principal Place of Business

Mailing Address

304 SW 20TH ST
 FTA LAUDERDALE FL 33315
 US

304 SW 20TH ST
 FTA LAUDERDALE FL 33315-2131
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

35-1829989

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, NANCY
 304 SWE 20TH ST STE B
 FT LAUDERDALE FL 33315

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 State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DCP	<input type="checkbox"/> Delete
NAME	SMITH, NANCY	
STREET ADDRESS	304 SW 20TH ST STE B	
CITY-ST-ZIP	FT LAUDERDALE FL 33315	
TITLE	DCV	<input type="checkbox"/> Delete
NAME	VICKERS, M. STEWART	
STREET ADDRESS	2960 S CENTER ST	
CITY-ST-ZIP	TERRE HAUTE IN 47802	
TITLE	DST	<input type="checkbox"/> Delete
NAME	SVENDSEN, TRACY CHRIS	
STREET ADDRESS	6929 LONGRUN DR	
CITY-ST-ZIP	INOPLS LN 46268	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4511 S. ARLINGTON ST.	
CITY-ST-ZIP	TERRE HAUTE, IN 47802	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 empowered.

SIGNATURE: *Nancy Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NANCY SMITH

4-3-00

Date

954-525-7306

Daytime Phone #

CR2E034 (9/99)