

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90059 026 ***550.00

A0075475



DO NOT WRITE IN THIS SPACE

DOCUMENT # F97000003288

1. Entity Name
SMITH CULLUM, INC.

Principal Place of Business Mailing Address
 11679 US HWY 301 N ~~104-A WOOD WINDS INDUSTRIAL COURT~~
 THONOTOSASSA FL 33592-2947 ~~GARY NC 27511~~
 US ~~US~~

2. Principal Place of Business 3. Mailing Address
20719 US 301 **11610 E. Williams St.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Dade City, FL **Apex, NC**
 Zip Zip Country Country
33523 **27502** **USA** **USA**

4. FEI Number 56-2026405 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CULLUM, RICHARD L
11679 US HWY 301 N
THONOTOSASSA FL 33592

7. Name and Address of New Registered Agent

Name **Sterling Smith**
 Street Address (P.O. Box Number is Not Acceptable)
20719 US 301
 City **Dade City** FL Zip Code **33523**

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]* (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, ROBERT A JR	
STREET ADDRESS	3508 GUCCI DRIVE	
CITY-ST-ZIP	CARY NC 27511	
TITLE	S	<input type="checkbox"/> Delete
NAME	SMITH, R S	
STREET ADDRESS	2708 HIDDEN GLEN LANE	
CITY-ST-ZIP	RALEIGH NC 27606	
TITLE	T	<input type="checkbox"/> Delete
NAME	CULLUM, RICHARD L	
STREET ADDRESS	8900 MOSSY ROCK WAY	
CITY-ST-ZIP	APEX NC 27502	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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: *[Signature]* DATE 7-10-00 919-387-7444 Daytime Phone #

CR2E034 (5/00)

POSTED
8-11-00