## **2001 UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

## DOCUMENT # F9800000788

NAME

STREET ADDRESS

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-7IP

Principal Place of Business

## SMITHFIELD CAPITAL CORPORATION

8 PALM RD. 8 PALM RD. SEWALLS POINT FL 34996 SEWALLS POINT FL 34996 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 14-1789796 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHUCK, PHILIP W Street Address (P.O. Box Number is Not Acceptable) 8 PALM RD. **SEWALLS POINT FL 34996** City 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE ☐ Delete Addition SCHUCK, PHILIP W NAME NAME 8 PALM RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEWALLS POINT FL 34996 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change SCHUCK, PHILIP W NAME NAME 8 PALM RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEWALLS POINT FL 34996 CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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

FILED

Feb 28, 2001 8:00 am Secretary of State

02-28-2001 90077 005 \*\*\*150.00