

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90342 043 ***150.00

DOCUMENT # G57177



1. Entity Name
JACK H. SMITH TRUCKING, INC.

Principal Place of Business
**1505 SE 40TH ST D
PO BOX 150046
CAPE CORAL FL 33904
US**

Mailing Address
**1505 SE 40TH ST D
PO BOX 150046
CAPE CORAL FL 33915**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2340068**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, SUZANN
4514 PELICAN BLVD

CAPE CORAL FL 33914**

Name
MATNEY, KATHLEEN

Street Address (P.O. Box Number is Not Acceptable)
1406 SE 13TH ST

City **CAPE CORAL** FL Zip Code **33990**

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 *Kathleen Matney* (**KATHLEEN MATNEY**)

01-23-03

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
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	PD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, JACK H.	
STREET ADDRESS	1510 SW 52ND TERRACE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, SUZANN	
STREET ADDRESS	4514 PELICAN BLVD.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MATNEY, KATHLEEN	
STREET ADDRESS	1406 SE 13TH ST	
CITY-ST-ZIP	CAPE CORAL FL	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATNEY, KATHLEEN	
STREET ADDRESS	1406 SE 13TH ST	
CITY-ST-ZIP	CAPE CORAL, FL 33990	
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		
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: *Kathleen Matney* (**KATHLEEN MATNEY**)

01-23-03

239 549-6166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)