

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90027 031 ***150.00

DOCUMENT # K87013

1. Entity Name

JERRY SMITH TILE, INC.

Principal Place of Business

Mailing Address

%JERALD E. SMITH. SR.

%JERALD E. SMITH. SR.

US 1

9406 126TH AVENUE

PELLSMERE FL 32948

PELLSMERE FL 32948-5431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SMITH, JERALD E. SR.
9406 126TH AVENUE
PELLSMERE FL 32948

4. FEI Number

65-0117636

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

7. Name and Address of New Registered Agent

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

TITLE	DPT	<input type="checkbox"/> Delete
NAME	SMITH, JERALD E., SR.	
STREET ADDRESS	9406 126TH AVE.	
CITY-ST-ZIP	PELLSMERE FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SCHULER, LAURA L.	
STREET ADDRESS	9406 126TH AVE.	
CITY-ST-ZIP	PELLSMERE FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SCHULER, LAURA	
STREET ADDRESS	9406-126 AVENUE	
CITY-ST-ZIP	PELLSMERE FL 32948	
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	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Laura Schuler	
STREET ADDRESS	9406 126 Ave.	
CITY-ST-ZIP	Pellsmere, FL 32948	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Laura Schuler	
STREET ADDRESS	9406-126 Ave.	
CITY-ST-ZIP	Pellsmere, FL 32948	
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:

Laura Schuler
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/00

Date

561589 6818

Daytime Phone #

CR2E034 (9/99)