

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K87013

1. Entity Name

JERRY SMITH TILE, INC.

FILED

May 03, 2001 8:00 am  
Secretary of State

05-03-2001 91006 006 \*\*\*150.00

Principal Place of Business

%JERALD E. SMITH, SR.  
915 US 1  
SEBASTIAN FL 32958  
US

Mailing Address

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

8



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9302-125 Ave

Suite, Apt. #, etc.

3. Mailing Address

9302-125 Ave

Suite, Apt. #, etc.

Fellsmere

City & State

Fellsmere, FL

City & State

FL

Zip

32948

Country

USA

Zip

32948

Country

USA

4. FEI Number

65-0117636

Applied For

Not Applicable

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, JERALD E. SR.  
9406 126TH AVENUE  
FELLSMERE FL 32948

Name

Smith, Jerald E. SR.

Street Address (P.O. Box Number is Not Acceptable)

9302-125 Ave

City

Fellsmere, FL

FL

Zip Code

32948

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, 2001 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

TITLE	DPT	<input type="checkbox"/> Delete
NAME	SMITH, JERALD E., SR.	
STREET ADDRESS	9406 126TH AVE.	
CITY-ST-ZIP	FELLSMERE FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SMITH, LAURA S	
STREET ADDRESS	9406 126TH AVE.	
CITY-ST-ZIP	FELLSMERE FL 32948	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SMITH, LAURA S	
STREET ADDRESS	9406-126 AVENUE	
CITY-ST-ZIP	FELLSMERE FL 32948	
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	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Jerald E., SR	
STREET ADDRESS	9302-125 Ave	
CITY-ST-ZIP	Fellsmere, FL 32948	
TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Laura S.	
STREET ADDRESS	9302-125 Ave	
CITY-ST-ZIP	Fellsmere, FL 32948	
TITLE		<input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01 5615710438

Date

Daytime Phone #

CR2E034 (10/00)