

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90120 048 \*\*\*150.00

**DOCUMENT # L11314**

1. Entity Name  
**WOODROW SMITH CONSTRUCTION, INC.**



Principal Place of Business  
**LEVY COUNTY**  
**6850 SW 95TH AVE**  
**CEDAR KEY FL 32625**  
**US**

Mailing Address  
**6850 SW 95TH AVE**  
**CEDAR KEY FL 32625**  
**US**

2. Principal Place of Business

3. Mailing Address

**Levy Co.**  
Suite, Apt. #, etc.  
**5351 SR 24**

**P.O. Box 218**  
Suite, Apt. #, etc.

City & State  
**Cedar Key FL**

City & State  
**Otter Creek FL**

Zip  
**32683**

Country

Zip  
**32683**

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2963296**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

**SMITH, WOODROW H.**  
**6850 SW 95TH AVE**  
**CEDAR KEY FL 32625**

## 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Woodrow H. Smith Pres.**

**4-15-03**

(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 NAME STREET ADDRESS CITY-ST-ZIP	DP SMITH, WOODROW H. 6850 SW 95TH AVE CEDAR KEY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, ANDREA D. 6850 SW 9TH AVE CEDAR KEY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, BRIAN D RT. 2, BOX 159 TRENTON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, TODD H 6850 SW 95TH AVE CEDAR KEY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>P.O. Box 218</b> <b>Otter Creek FL 32683</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>P.O. Box 218</b> <b>Otter Creek FL 32683</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Woodrow H. Smith** **4-15-03** **352-490-1760**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)