

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90003 037 ***150.00

DOCUMENT # L45387

1. Entity Name
SMITTY'S FLEET SERVICE, INC.

Principal Place of Business
405 N. CHARLES STREET
BLDG #4
DAYTONA BEACH FL 32114

Mailing Address
405 N. CHARLES STREET
BLDG #4
DAYTONA BEACH FL 32114

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2990459**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TINSLEY, GARY W
213 SILVER BEAM AVE
DAYTONA BEACH FL 32118

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, 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

| | | |
|----------------|------------------------------|--------------------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SMITH, LOWELL H | |
| STREET ADDRESS | 6 CASTLE MANOR DR | |
| CITY-ST-ZIP | ORMOND BEACH FL | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | SMITH, ANNA BELLE | |
| STREET ADDRESS | 6 CASTLE MANOR DRIVE | |
| CITY-ST-ZIP | ORMOND BEACH FL | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | SMITH, KELLY V | |
| STREET ADDRESS | 805 WHIPPERWILL DR | |
| CITY-ST-ZIP | PORT ORANGE FL 32127 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | SMITH, FALLON | |
| STREET ADDRESS | 6 CASTLE MANOR | |
| CITY-ST-ZIP | ORMOND BEACH FL 32174 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | SMITH, TENIECE R | |
| STREET ADDRESS | 850 WHIPPERWILL DR | |
| CITY-ST-ZIP | PORT ORANGE FL | |
| 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 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
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| 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 | | |

CR2E034 (10/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 *Anna Belle Smith* *Anna Belle Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-08-01-904-257-3420
 Date Daytime Phone #