

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L93218

1. Entity Name

SMITH BUILDERS, INC.

FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90092 019 ***550.00

Principal Place of Business

5625 S.E. AULT AVE.
STUART FL 34997

Mailing Address

1309 SE SALERNO ROAD
STUART FL 34997

please change mail
PO Box 496
Palm City, Fla. 34771



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5400 SW Martin Hwy
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State

Palm City, FL

City & State

Same

4. FEI Number

65-0227954

Applied For

Not Applicable

Zip

34990

Country

America

Zip

Same

Country

America

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, BRENDA
5400 SW MARTIN HWY
PALM CITY FL 34990

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 P
NAME SMITH, RICHARD JR.
STREET ADDRESS PO BOX 496
CITY-ST-ZIP PALM CITY FL 34990 ☐ Delete

TITLE V
NAME SMITH, RICHARD SR.
STREET ADDRESS 5420 SE SMITH AVE
CITY-ST-ZIP STUART FL 34997 ☐ Delete

TITLE S
NAME SMITH, PHILIP
STREET ADDRESS 6449 SE LAKE CIRCLE DR
CITY-ST-ZIP STUART FL 34997 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 of Brenda Smith
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)