

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95092

1. Entity Name

PINEY WOOD CONSTRUCTION, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90004 005 \*\*\*150.00

**80049996**

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
12525 ORANGE AVE.  
FT. PIERCE, FLA. 34945

Mailing Address  
12525 ORANGE AVE.  
FT. PIERCE, FLA. 34945

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

4. FEI Number  
65-0217244

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
SMITH, ROBERT D.  
12525 ORANGE AVE.  
FT. PIERCE, FLA. 34945

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 \_\_\_\_\_ (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	<u>PD</u>	<input type="checkbox"/> Delete
NAME	<u>SMITH, ROBERT D.</u>	
STREET ADDRESS	<u>12525 ORANGE AVE.</u>	
CITY-ST-ZIP	<u>FT. PIERCE, FLA. 34945</u>	
TITLE	<u>V</u>	<input type="checkbox"/> Delete
NAME	<u>SMITH, DAVID A.</u>	
STREET ADDRESS	<u>12525 ORANGE AVE.</u>	
CITY-ST-ZIP	<u>FT. PIERCE, FLA. 34945</u>	
TITLE	<u>S</u>	<input type="checkbox"/> Delete
NAME	<u>SMITH, MARY E.</u>	
STREET ADDRESS	<u>12525 ORANGE AVE.</u>	
CITY-ST-ZIP	<u>FT. PIERCE, FLA. 34945</u>	
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		

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		
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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: Robert D. Smith - ROBERT D. SMITH 3-27-2000 561-460-6834

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)