

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007964

1. Entity Name

SMITTY'S CONSTRUCTION LLC

Principal Place of Business

2454 E. BURR OAK CT.
SARASOTA FL 34232

Mailing Address

2454 E. BURR OAK CT.
SARASOTA FL 34232

2. Principal Place of Business

4910 Post Pointe Dr

3. Mailing Address

4910 Post Pointe Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34233

Country

USA

Zip

34233

Country

USA

4. FEI Number

65-0964167

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, JOHN E
2454 W. BURR OAK CT.
SARASOTA FL 34232

7. Name and Address of New Registered Agent

Name John E. Smith

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

4910 Post Pointe Dr

City

Sarasota,

FL

Zip Code

34233

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM ☐ Delete
NAME SMITH, JOHN E
STREET ADDRESS 2454 E. BURR OAK CT.
CITY-ST-ZIP SARASOTA FL 34232

TITLE MGRM ☐ Delete
NAME SMITH, LISA M
STREET ADDRESS 2454 E. BURR OAK CT.
CITY-ST-ZIP SARASOTA FL 34232

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME John E Smith
STREET ADDRESS 4910 Post Pointe Dr
CITY-ST-ZIP Sarasota, FL 34233

TITLE MGRM ☒ Change ☐ Addition
NAME Lisa M Smith
STREET ADDRESS 4910 Post Pointe Dr
CITY-ST-ZIP Sarasota, FL 34233

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 700003602847--3
CITY-ST-ZIP -01/30/01--01132--009

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS *****55.00
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

John E. Smith 1-16-01 941-929-7089

FILED

01 JAN 25 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)