

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N08974**

1. Entity Name

**SMITH CREEK VOLUNTEER FIRE DEPARTMENT INCORPORAT****FILED**  
**Jul 26, 2001 8:00 am**  
**Secretary of State**

07-26-2001 90006 028 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**2984 SMITH CREEK RD  
SOPCHOPPY FL 32358  
US****1691 SMITH CREEK ROAD  
SOPCHOPPY FL 32358  
US****00059673**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **59-1836560**Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LANGSTON, PAMELA  
1691 SMITH CREEK ROAD  
SOPCHOPPY FL 32358**

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

**7-18-01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
After September 12, 2001, min. will be \$236.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **HARRELL, JD**  
STREET ADDRESS **1746 SMITH CREEK RD**  
CITY-ST-ZIP **SOPCHOPPY FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **ST** ☐ Delete  
NAME **LANGSTON, PAMELA**  
STREET ADDRESS **1691 SMITH CREEK ROAD**  
CITY-ST-ZIP **SOPCHOPPY FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **LANGSTON, LINDA**  
STREET ADDRESS **345 TED LANGSTON RD**  
CITY-ST-ZIP **SOPCHOPPY FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **LANGSTON, WALTON**  
STREET ADDRESS **2086 SMITH CREEK RD**  
CITY-ST-ZIP **SOPCHOPPY FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **MERRITT, BILL**  
STREET ADDRESS **3300 SMITH CREEK RD**  
CITY-ST-ZIP **SOPCHOPPY FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 617, 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:

  
**PAMELA LANGSTON** 7-18-01 850-926-0811

CR2E037 (5/01)