

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 02, 2001 8:00 am**
Secretary of State

03-02-2001 90076 007 ****61.25

DOCUMENT # N27433

1. Entity Name

CENTRAL FLORIDA SMACNA, INC.

Principal Place of Business

6767-N WICKHAM RD
400 BB
MELBOURNE FL 32940
US

Mailing Address

6767-N WICKHAM RD
400 BB
MELBOURNE FL 32940
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2949075

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

KARR, SUSAN
6767 NORTH WICKHAM ROAD, STE. 400
MELBOURNE FL 32940

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 _____

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CARVER, RALPH**
STREET ADDRESS **2481 DINNEEN AVE**
CITY-ST-ZIP **ORLANDO FL 32804-4289**TITLE **PD** ☐ Delete
NAME **LAPIN, RONALD**
STREET ADDRESS **3825 GARDENIA AVE**
CITY-ST-ZIP **ORLANDO FL 32839-8699**TITLE **ST** ☐ Delete
NAME **TATHAM, EDNA**
STREET ADDRESS **2845-21 AVE N**
CITY-ST-ZIP **ST PETERSBURG FL 33713-4203**TITLE **D** ☐ Delete
NAME **FISH, KENNETH**
STREET ADDRESS **2106 W CENTRAL BLVD**
CITY-ST-ZIP **ORLANDO FL**TITLE **D** ☐ Delete
NAME **SINCLAIR, DAN**
STREET ADDRESS **2220 2ST AVENUE SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33713**TITLE **D** ☐ Delete
NAME **TATHAM, ALBERT**
STREET ADDRESS **2845-21 AVE N**
CITY-ST-ZIP **ST PETERSBURG FL 33713-4203**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☐ Change ☒ Addition
NAME **Jack Morrell**
STREET ADDRESS **5402 W. Linebaugh Ave.**
CITY-ST-ZIP **Tampa, FL 33624**TITLE **D** ☐ Change ☒ Addition
NAME **Charles Edwards**
STREET ADDRESS **6014 Bonacker Dr.**
CITY-ST-ZIP **Tampa, FL 33610**TITLE **D** ☐ Change ☒ Addition
NAME **Tim Vickers**
STREET ADDRESS **6701 Edgewater Pkwy**
CITY-ST-ZIP **Orlando, FL 32810**TITLE **D** ☐ Change ☒ Addition
NAME **John Manzella**
STREET ADDRESS **360E. Landstreet Rd**
CITY-ST-ZIP **Orlando, FL 32824**TITLE **D** ☐ Change ☒ Addition
NAME **Scott Vaughan**
STREET ADDRESS **4505 131st Avenue N.**
CITY-ST-ZIP **Clearwater, FL 33762**TITLE **D** ☐ Change ☒ Addition
NAME **Manuel Santana Jr.**
STREET ADDRESS **5010 126th Ave N.**
CITY-ST-ZIP **Clearwater, FL 34620**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/01 407-423-9897

CR2E037 (10/00)