

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 05, 2001 8:00 am**
Secretary of State

04-18-2001 90036 045 ***150.00

DOCUMENT # P00000014216

1. Entity Name

ST. JOE BROKERS INC.

Principal Place of Business

**528 CECIL COSTIN, SR. BLVD., SUITE C
PORT ST. JOE FL 32456**

Mailing Address

**528 CECIL COSTIN, SR. BLVD., SUITE C
PORT ST. JOE FL 32456**

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

59-3679687

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

Registered Agent

**SMOCK, SANDRA K
528 CECIL COSTIN, SR. BLVD., SUITE C
PORT ST. JOE FL 32456**

7. Name and Address of New Registered Agent

Name

LETHWAY JR. DAVID H

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

528 CECIL COSTIN BLVD, SUITE C

City

PORT ST JOE

FL

Zip Code

32456

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

*David M Lethway***President****4-11-01**

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 \$150.00
After MAY 1, 2001 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 | PD | <input checked="" type="checkbox"/> Delete |
| NAME | SMOCK, SANDRA K | |
| STREET ADDRESS | 528 CECIL COSTIN, SR. BLVD., SUITE C | |
| CITY-ST-ZIP | PORT ST. JOE FL 32456 | |
| TITLE | VSTD | <input checked="" type="checkbox"/> Delete |
| NAME | MAYS, THOMAS G | |
| STREET ADDRESS | 528 CECIL COSTIN, SR. BLVD., SUITE C | |
| CITY-ST-ZIP | PORT ST. JOE FL 32456 | |
| TITLE | President | <input type="checkbox"/> Delete |
| NAME | DAVID H LETHWAY JR | |
| STREET ADDRESS | 528-C CECIL COSTIN BLVD | |
| CITY-ST-ZIP | PORT ST JOE FL 32456 | |
| TITLE | Vice President/Secretary | <input type="checkbox"/> Delete |
| NAME | NATASHA LETHWAY | |
| STREET ADDRESS | 528-C CECIL COSTIN BLVD | |
| CITY-ST-ZIP | PORT ST JOE FL 32456 | |
| 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 | | |
| CITY-ST-ZIP | | |
| 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 | | |
| 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:

*David M Lethway***4-11-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (10/00)