

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90287 009 ***150.00

DOCUMENT # P00000039428

1. Entity Name
SMITTY'S SUPPLY, INC.

Principal Place of Business Mailing Address
3601 SHORE ACRES BLVD., NE 3601 SHORE ACRES BLVD., NE
ST. PETERSBURG FL 33703 ST. PETERSBURG FL 33703

2. Principal Place of Business 3. Mailing Address
4710 28th St. N. SAME AS ABOVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number **NOT APPLICABLE** Applied For
St. Petersburg, FL. ☒ Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required
33714 USA

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
SMITH, WALTER W Name
3601 SHORE ACRES BLVD., NE Street Address (P.O. Box Number is Not Acceptable)
ST. PETERSBURG FL 33703 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 _____
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	0 <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, WALTER W		NAME		
STREET ADDRESS	3601 SHORE ACRES BLVD NE		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG FL 33703		CITY-ST-ZIP		
TITLE	0 <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, MELISSA E		NAME		
STREET ADDRESS	3601 SHORE ACRES BLVD NE		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG FL 33703		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Melissa E Smith* **4/21/02** **(727) 525-5929**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #