

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90080 030 \*\*\*150.00

DOCUMENT # **PD1000059505**  
1. Entity Name **J.C. Smitty Enterprises Inc.**

**DO NOT WRITE IN THIS SPACE**

00001718

2. Principal Place of Business  
**6875 Banyan Blvd.**  
Suite, Apt. #, etc.

3. Mailing Address  
**6875 Banyan Blvd.**  
Suite, Apt. #, etc.

City & State  
**Loxahatchee Fla**

City & State  
**Loxahatchee FL**

Zip  
**33470**

Country  
**U.S.**

Zip  
**33470**

Country  
**U.S.**

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4. FEI Number  
**65-1116237**

Applied For  
☐ Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**Jimmie C. Smith**

Street Address (P.O. Box Number is Not Acceptable)  
**6875 Banyan Blvd.**

City  
**Loxahatchee**

FL Zip Code  
**33470**

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 **Jimmie Carson Smith** **3/19/02**  
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) ☒ **January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Jimmie Carson Smith</b> <b>6875 Banyan Blvd.</b> <b>Loxahatchee FL 33470</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Jimmie Carson Smith III</b> <b>6875 Banyan Blvd.</b> <b>Loxahatchee FL 33470</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary/Treasurer</b> <b>Chantres Danene Allen-Smith</b> <b>6875 Banyan Blvd.</b> <b>Loxahatchee FL 33470</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Jimmie Carson Smith** **Jimmie Carson Smith** **3/19/02 (561)790-2325**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)