

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2003 8:00 am**  
**Secretary of State**

03-06-2003 90105 045 \*\*\*150.00

**DOCUMENT # P01000064874**

1. Entity Name  
**DAVID F. SMITH ELECTRICAL SERVICE, INC.**



Principal Place of Business  
209 E. 6TH STREET  
PANAMA CITY, FL 32401

Mailing Address  
209 E. 6TH STREET  
PANAMA CITY, FL 32401

**70025606**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**922 MAGNOLIA AVE.**  
Suite, Apt. #, etc.

3. Mailing Address  
**922 MAGNOLIA AVE.**  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-3730438**

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

**SMITH, DAVID F**  
**209 E. 6TH STREET**  
**PANAMA CITY, FL 32401**

Name  
**DAVID F SMITH**

Street Address (P.O. Box Number is Not Acceptable)  
**2115 BAYBERRY LANE**

City  
**PANAMA CITY**

FL Zip Code  
**32409**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*David F. Smith*

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

(NOTE: Registered Agent signature required when reinstating)

**3/4/03**

DATE

FILE NOV 11 - FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V**  
**SMITH, STACEY H** ☐ Delete  
**209 E. 6TH STREET**  
**PANAMA CITY, FL 32401**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TREASURER** ☐ Change ☒ Addition  
**WILLIAM E WOODIS**  
**2005 CLAY AVE.**  
**PANAMA CITY, FLORIDA 32405**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**SMITH, DAVID E** ☐ Delete  
**209 E. 6TH STREET**  
**PANAMA CITY, FL 32401**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SECRETARY** ☐ Change ☒ Addition  
**ROBERT L. PILLIANT**  
**3919 BENBOW ST.**  
**PANAMA CITY BEACH, FL 32408**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 607, 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:

*David F. Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)