

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

DOCUMENT # P01000102800  
1. Entity Name



BRIGGS SMITH BUILDING AND  
DEVELOPMENT, INC.

**FILED**

03 MAR -7 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1921 TRADE CENTER WAY

3. Mailing Address  
1921 TRADE CENTER WAY

Suite, Apt. #, etc.  
SUITE: 2

Suite, Apt. #, etc.  
SUITE: 2

City & State  
NAPLES, FL

City & State  
NAPLES, FL

Zip  
34109

Country

Zip  
34109

Country

4. FEI Number  
59-3757630

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name JOHN BRIGGS

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

1921 TRADE CENTER WAY STE: 2

City NAPLES

FL

Zip Code  
34109

**DO NOT WRITE  
IN THIS SPACE**

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

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

JOHN BRIGGS

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

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**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
(D) BRIAN SMITH  
1921 TRADE CENTER WAY STE: 2  
NAPLES, FL 34109

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
(D) JOHN BRIGGS  
1921 TRADE CENTER WAY STE: 2  
NAPLES, FL 34109

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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700014414877  
03/20/03--01067--002 \*\*300.00

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IN THIS SPACE**

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 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 #

CR2034B (12-02)

2012

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR 2002 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES. I HAVE CHANGED MY PRINCIPAL AND MAILING ADDRESS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

  
JOHN BRIGGS  
PRESIDENT