

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90040 026 ***150.00

DOCUMENT # P01000102880

1. Entity Name
S & M BUILDERS, INC.

Principal Place of Business

**8732 CRATER TERRACE
 LAKE PARK FL 33403**

Mailing Address

**8732 CRATER TERRACE
 LAKE PARK FL 33403**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

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

**KARLIK, DIANE L ESQ
 CAMPBELL AND KARLIK PA
 3450 NORTHLAKE BLVD SUITE 200
 PALM BEACH GARDENS FL 33403**

7. Name and Address of New Registered Agent

Name

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

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

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, 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 **D** ☐ Delete
NAME **SLATER, DONALD R JR**
STREET ADDRESS **8732 CRATER TERRACE**
CITY-ST-ZIP **LAKE PARK FL 33403**

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

TITLE **D** ☐ Delete
NAME **SLATER, NANCY A**
STREET ADDRESS **8732 CRATER TERRACE**
CITY-ST-ZIP **LAKE PARK FL 33403**

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

TITLE **D** ☐ Delete
NAME **MAJORS, ROY A**
STREET ADDRESS **5547 FALLON COURT**
CITY-ST-ZIP **CHARLOTTE NC 28226**

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

TITLE **D** ☐ Delete
NAME **MAJORS, NANCY W**
STREET ADDRESS **5547 FALLON COURT**
CITY-ST-ZIP **CHARLOTTE NC 28226**

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

TITLE **D** ☐ Delete
NAME **MAJORS, RUSSELL R**
STREET ADDRESS **230 MAJORS LANE**
CITY-ST-ZIP **RABUN GAP GA 30568**

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

TITLE **D** ☐ Delete
NAME **MAJORS, VICKIE W**
STREET ADDRESS **230 MAJORS LANE**
CITY-ST-ZIP **RABUN GAP GA 30568**

TITLE ☐ Change ☐ 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:

Nancy A Slater
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/02 561-694-1766
 Date Daytime Phone #

CR2E034 (9/01)