

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90071 012 \*\*\*150.00

**DOCUMENT # P02000120499**

1. Entity Name  
**SIBBICK-SMITH INTERNATIONAL, INC.**



Principal Place of Business  
**1018 A HERITAGE VILLAGE  
SOUTHURY CT 06488**

Mailing Address  
**1018 A HERITAGE VILLAGE  
SOUTHURY CT 06488**



2. Principal Place of Business  
**509 CENTRAL PARKWAY**  
Suite, Apt. #, etc.

3. Mailing Address **S.E. 0**  
**509 CENTRAL PARKWAY**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**STUART FL**  
Zip  
**34994**  
Country  
**USA**

City & State  
**STUART FL**  
Zip  
**34994**  
Country  
**USA**

4. FEI Number  
**22-3882413**

Applied For  
Not Applicable

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

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

**SMITH, EDWARD M  
6130 SE MARTINIQUE DRIVE  
UNIT 104  
STUART FL 34997**

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

SIGNATURE **Edward M. Smith** **EDWARD M. SMITH** **JAN 16/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SIBBICK, RICHARD G 1018 A HERITAGE VILLAGE SOUTHURY CT 06488</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SMITH, EDWARD M 6130 SE MARTINIQUE DRIVE, UNIT 104 STUART FL 34997</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO SMITH, STEPHANIE A 6130 SE MARTINIQUE DRIVE, UNIT 104 STUART FL 34997</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO SMITH, EDWARD M. 6130 SE MARTINIQUE DR, UNIT 104 STUART FL 34997</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Edward M. Smith** **EDWARD M. SMITH** **JAN 16/03** **772 220 3260**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)