

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

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90656 002 ***150.00

DOCUMENT # P07825

1. Entity Name
SMITH-DOYLE CONTRACTORS, INC.



Principal Place of Business
**1635 WYNNE ROAD
CORDOVA TN 38016
US**

Mailing Address
**1635 WYNNE ROAD
CORDOVA TN 38016
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **62-1163031**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TD	<input type="checkbox"/> Delete
NAME	SMITH, WAYNE L.	
STREET ADDRESS	6815 TALISMAN COVE	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DOYLE, WALLACE LYNN	
STREET ADDRESS	8477 E. ASKERSUND COVE	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WEIRICH, CHARLES M.	
STREET ADDRESS	8490 DEER CREEK CIR.	
CITY-ST-ZIP	OLIVE BRANCH MS	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BARRETT, ROBERT A	
STREET ADDRESS	754 ALDIS COVE	
CITY-ST-ZIP	COLLIERVILLE TN 38017	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROBINSON, JACK F	
STREET ADDRESS	3433 BEAVER RUN DR	
CITY-ST-ZIP	COLLIERVILLE TN 38017	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SMITH, CARL R	
STREET ADDRESS	1401 COLONIAL DR	
CITY-ST-ZIP	WEST MEMPHIS AR 72301	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Charles M. Weirich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES M. WEIRICH 3-2003 901/213-3992

Date

Daytime Phone #

CR2E034 (10/02)