2001 UNIFOR	M BUSINESS RE	PORT (UBR)	, · ·	
DOCUMENT # P93000066998 Smith Auto Repair, Inc.			FILED	
			01 JUL -6 AM 10: 49	
Principal Place of Business	Mailing Address		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Jeffery A. Smi 16744 Tiger Tr Spring Hill, F		er Trail	TALLAHASSEE, FLORID	A
2. Principal Place of Business 17835 US 41 Suite, Apt. #, etc.	3. Mailing Address 17330 Ay Suite, Apt. #, etc.	178354 54 ere Road		
			2000-2001	UBN
City & State Spring Hill, F	'L Brooksvi	oring HIII P(4. FEI Number 59 – 3203237	Applied For Not Applicable
Zip Country	zip 3461 0	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Add	ress of Current Registered Agent	USA	7. Name and Address of New Registered Agent	
Smith, Jeffery 16744 Tiger Tr Spring Hill, F	ail	Street Addres	ith, Jeffery A. ss (P.O. Box Number is Not Acceptable) 330 Ayers Road 17835 USr	1WY41
		City Br	Spring Hill FL Zip C	ode 34610
8. The above named entity submits	this statement for the purpose of changi	ng its registered office or regis	stered agent, or both, in the State of Florida	
SIGNATURE Signature, typeder printed ner	of registered agent and title if applicable.	(NOTE: Registered Agent signature requ	uired when reinstating) 4/30/01 bATE	
This corporation is eligible to sati Tax filing requirement and elects (See criteria on back)	to do so	OWIII FEE IS \$150.00 1, 2001 Fee will be \$550.0 ayable to Department of S	Trust Fund Contribution.	5.00 May Be ded to Fees
TITLE D	OFFICERS AND DIRECTORS Delete	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
NAME STREET ADDRESS CITY-ST-7IP 16744 Tig	ffery A.	NAME STREET ADDRESS	Smith, Jeffery A. 7835 USH 17330 Ayers Road Brooksville, FL 34604	3400 B 4114 E
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10000447710 -07/16/0101050-	#
TITLE NAME -STREET ADDRESS -CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chang	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Chang	ge
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Chang	ge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Chang	e Addition
indicated on this report or supple of the corporation or the receiver	emental report is true and accurate and	that my signature shall have the eport as required by Chapter 6	Section 119.07(3)(i), Florida Statutes. I further certify that the same legal effect as if made under oath; that I am an offic 007, Florida Statutes; and that my name appears in Block 11	cer or director
SIGNATURE:	LY SMULL J RE AND TYPED OR PRINTED NAME OF SIGNING OF	effery A. Smi	th 4-6-01 352-796-909 Date Daytime Phone	

June 28, 2001

Florida Dept. of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Attention: Kathy Ashton

RE:

Smith Auto Repair, Inc.

Document #P93000066998

Dear Ms. Ashton:

I am writing in response to your letter of June 12, 2001, regarding the reinstatement of my corporation.

In year 2000 my Uniform Business Report was sent in to my accountant's office along with the monthly accounting work. The accountant mailed the form back to me for signature and for the purpose of enclosing a check for the annual fee. Unfortunately, the address on file at the accountant's office was not my current address and I did not receive the Uniform Business Report back from the accountant; and, I did not receive any notices regarding non-payment of the fee for 2000. Because of this, I am requesting that the reinstatement fees be waived and that you accept my enclosed check for \$300 for payment of the fees for 2000 and 2001.

Sincerely,

Jeffery A. Smith Smith Auto Repair, Inc. 17835 U. S. 41 Spring Hill, FL 34610