2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

FILED May 14, 2001 8:00 am Secretary of State DOCUMENT # **P94000031880** 1. Entity Name JACOB P. SMITH BUILDING CO., INC. 05-14-2001 90074 013 ***150.00 Principal Place of Business Mailing Address 520 S. CENTER ST. 520 S. CENTER ST. EUSTIS FL 32726 EUSTIS FL 32726 2. Principal Place of Business 3. Mailing Address 518 Fernshaw 518 Fernshaw Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3238193 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32726 115 A Z726 US A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIVENANZO, MERRILYN A Street Address (P.O. Box Number is Not Acceptable) **520 S. CENTER STREET** 518 Fernshaw Ave EUSTIS FL 32726 Zip Code 37724 FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees X (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. ☐ Addition ☐ Delete TITLE TITLE **DIVENANZO, DANIEL FRANCIS** NAME NAME 518 Fernshaw Ave **520 S. CENTER STREET** STREET ADDRESS STREET ADDRESS Fustis, F. 32724 CITY-ST-ZIP CITY-ST-ZIP EUSTIS FL ☐ Addition ☐ Delete TITLE Change TITLE DIVENANZO, MERRILYN NAME NAME 518 Fernshaw Are STREET ADDRESS 520 S CENTER ST STREET ADDRESS CITY-ST-ZIP Eustis , FL 32724 CITY-ST-7IP EUSTIS FL 32726 □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 with all other like empowered changed, or on an attachment with addresa

NN A. DIVENANZO 4-29-01