2000 UNIFORM BUSINESS REPORT (UBR)

3. Mailing Address

Suite, Apt. #, etc

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

12.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Name

City

City & State

Zip

DOCUMENT # **P95000093900**

Country

SMITH & SON FRAMING, INC.

Principal Place of Business

SMITH, CRAIG E

513 MINNESOTA AVE. LYNN HAVEN FL 32444

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

SMITH, CRAIG E.

SMITH, STACEY

513 MINNESOTA AVE.

513 MINNESOTA AVE.

LYNN HAVEN FL 32444

LYNN HAVEN FL 32444

(See criteria on back)

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Principal Place of Business Mailing Address 513 MINNESOTA AVE. 513 MINNESOTA AVE. TNN HAVEN FL 32444 LYNN HAVEN FL 32444-1855

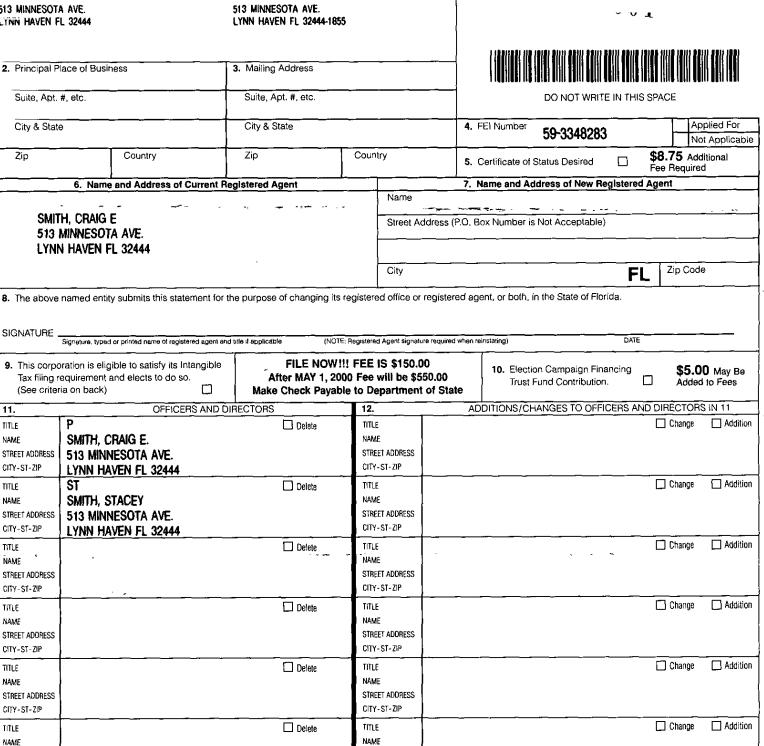
6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

FILED Feb 13, 2000 8:00 am Secretary of State

02-13-2000 90011 050 ***150.00



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

STREET ADDRESS

SIGNATURE: