

2002 UNIFORM BUSINESS REPORT (UBR)

0005181 AV

DOCUMENT # P96000046060

1. Entity Name

C. MELVIN SMITH ENTERPRISES, INC.

FILED

03 FEB 14 PM 3:50

Principal Place of Business

203 CHAPEL DR.
TALLAHASSEE FL 32304

Mailing Address

203 CHAPEL DR.
TALLAHASSEE FL 32304

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

REINSTATEMENT 02-03

4. FEI Number 59-3385875

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'STEEN, J. C.

177 SALEM CT.

TALLAHASSEE FL 32301

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] DATE 1/28/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SMITH, C. MELVIN
STREET ADDRESS 203 CHAPEL DR.
CITY-ST-ZIP TALLAHASSEE FL 32304 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 800009055808
CITY-ST-ZIP 02/27/03--01075--019 **150.00

TITLE VD
NAME DUNLAP, THOMAS G
STREET ADDRESS 3021 FAIRVIEW DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32304 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME KORNEGAY, JAMES D
STREET ADDRESS 130 WHISPERING PINES
CITY-ST-ZIP TALLAHASSEE FL 32310 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 800009055808
CITY-ST-ZIP 11/19/02--01003--001 **750.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 1/28/03 880-5493180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)