

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90143 031 ***150.00

DOCUMENT # P96000080378

1. Entity Name

SMITH & SONS INSULATION, INC.

Principal Place of Business

~~431 MACARTHUR DR~~
~~PORT CHARLOTTE FL 33954~~

Mailing Address

~~431 MACARTHUR DR~~
~~PORT CHARLOTTE FL 33954~~

2. Principal Place of Business

33 44 Tropicana Blvd

3. Mailing Address

PO Box 380907

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
North Port FLA

City & State
Murderk Fla

4. FEI Number **65-0697714**

Applied For

Not Applicable

Zip **34286** Country **Florida**

Zip **33938-0907** Country **Charlotte**

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

DALE G SMITH

~~431 MACARTHUR DR~~
~~PORT CHARLOTTE FL 33954~~

Name

Street Address (P.O. Box Number is Not Acceptable)

3344 Tropicana Blvd

City **North Port**

FL

Zip Code **34286**

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 *Dale G Smith*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/30/2001
 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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 **D** ☐ Delete
 NAME **SMITH, DALE G**
 STREET ADDRESS ~~431 MACARTHUR DR~~
 CITY-ST-ZIP **PORT CHARLOTTE FL 33954**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3344 Tropicana Blvd**
 CITY-ST-ZIP **North Port Fla 34286**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
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 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 fee empowered.

SIGNATURE: *Dale G Smith* **DALE SMITH**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PRESIDENT

1/30/2001 **941-6242868**
 Date Daytime Phone #

CR2E034 (10/00)