

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # pa6000080378

1. Entity Name Smith & Sons Insulation Inc



FILED

04 JAN -6 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
3344 Tropicaine Blvd  
Suite, Apt. #, etc.

3. Mailing Address  
Same  
Suite, Apt. #, etc.

City & State  
North Port, Florida

City & State  
Same

Zip  
34286

Country  
US

Zip  
34286

Country  
US

500026192165  
REINSTATEMENT  
DON'T WRITE IN THIS SPACE 03

4. FEI Number  
65-0697714

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name DALE G. Smith

Street Address (P.O. Box Number is Not Acceptable)  
3344 Tropicaine 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Dale G. Smith DATE 12-29-03

(NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>DALE G. Smith</u> <u>3344 Tropicaine Blvd.</u> <u>North Port FL 34286</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President</u> <u>Michael D. Smith</u> <u>3344 Tropicaine Blvd.</u> <u>North Port FL 34286</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary</u> <u>Kelly A. Sweet</u> <u>2414 Yamada Lane</u> <u>North Port FL 34286</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Kelly A Sweet DATE 12-29-03 DAYTIME PHONE # 426-1991

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

**SMITH & SONS  
INSULATION, INC.**

3344 Tropicare Boulevard  
North Port, FL 34286  
(941) 426-1991

To whom it may concern:

Regarding our corporation being active, we never received any paper work to even know that anything was due for renewal, I am sending the \$150.00 which is the amount normally due from Jan. to May, due to us never receiving any information that our corporation was inactive.

Thank you

Jeely A. Smith