

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PALE000089700**

1. Entity Name

**Smith Crown & Bridge, Inc.**

Principal Place of Business

Mailing Address

**2834-C Industrial plaza Dr.  
Tallahassee, FL 32301**

2. Principal Place of Business

**2834-C Industrial plaza Dr.**

3. Mailing Address

**2834-C Industrial plaza Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Tallahassee, FL**

City & State

**FL Tallahassee**

Zip

**32301**

Country

**USA**

Zip

**32301**

Country

**USA**

4. FFL Number

**59-2411823**

Applied For

Not Applicable

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

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.

SIGNATURE

**Robin Smith**  
**2834-C INDUSTRIAL PL. DR.**  
**TALL, FL 32301**

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 12, 2001 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 **Robin Smith** ☐ Delete  
NAME **president vice president**  
STREET ADDRESS **secretary 2834-C Industrial plaza**  
CITY-ST-ZIP **TALL, FL 32301**

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

TITLE **TREASURER** ☐ Delete  
NAME **ROBIN SMITH**  
STREET ADDRESS **32301**  
CITY-ST-ZIP **2834-C INDUSTRIAL PL. DR. TALL, FL**

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

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

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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:

**Robin Smith**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10-1-01 (850) 877-3000**

Date

Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 NOV 19 AM 11:00

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\*\*\*\*150.00 \*\*\*\*150.00

DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)

**Smith Crown & Bridge, Inc.  
2834-C Industrial Pl Dr  
Tallahassee, FL 32301**

October 29, 2001

To Whom it concerns:

I, Robin J. Smith, request the removal of late fees on my corporate filings. **The forms were not received by myself, nor anyone in my company.** My office location was in the process of moving and the forms could not be forwarded. I did the best I could in notifying everyone, and put in a change of address form. I have marked my calendar in bold red marker to alert me of the filing date to prevent this from ever happening again.

Sincerely,

Robin J. Smith  
President

RECEIVED  
01 NOV 13 PM 1:02  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA