

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90078 042 ***150.00

DOCUMENT # P96000089700

1. Entity Name
SMITH CROWN & BRIDGE, INC.



Principal Place of Business
**2834-C INDUSTRIAL PLAZA DR
TALLAHASSEE FL 32301**

Mailing Address
**2834-C INDUSTRIAL PLAZA DR
TALLAHASSEE FL 32301**

2. Principal Place of Business
3017 POWELL ROAD
Suite, Apt. #, etc.

3. Mailing Address
3017 POWELL ROAD
Suite, Apt. #, etc.

City & State
TALL, FLORIDA

City & State
TALL, FLORIDA

4. FEI Number **59-3411823**

Applied For
Not Applicable

Zip **32308** Country **USA**

Zip **32308** Country **USA**

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

SMITH, ROBIN J
2834-C INDUSTRIAL PLAZA DR → 3017 POWELL ROAD
TALLAHASSEE FL 32301 TALL, FL. 32308

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-10-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVST
SMITH, ROBIN J
2834-C INDUSTRIAL PLAZA DR
TALLAHASSEE FL 32301** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Robin J Smith*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-10-03 850 877 3900
Date Daytime Phone #

CR2E034 (10/02)