

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000101318**

1. Entity Name

SMITH & SONS DEV. & MGMT. CORP.**FILED**
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90126 001 ***150.00

Principal Place of Business

Mailing Address

1700 E. LAS OLAS BLVD.
SUITE 204
FORT LAUDERDALE FL 333011700 E. LAS OLAS BLVD.
SUITE 204
FORT LAUDERDALE FL 33301-2467

00020500



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4601 SW Thistle Terr
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 518
Suite, Apt. #, etc.City & State
Palm City, FL
Zip
34990
CountryCity & State
Palm City, FL
Zip
34991
Country4. FEI Number
65-0833006
APPLIED FORApplied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, GERALD A
1700 E. LAS OLAS BLVD.
SUITE 204
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name SMITH, GERALD A
Street Address (P.O. Box Number is Not Acceptable)
4601 SW Thistle Terrace
City Palm City FL Zip Code 34990

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

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 \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, GERALD A	
STREET ADDRESS	2813 N.E. 29TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, CONNIE L	
STREET ADDRESS	2813 N.E. 29TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, VAUGHN E	
STREET ADDRESS	3070 SYLMAR	
CITY-ST-ZIP	CLOVIS CA 93612	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, GERAUD B	
STREET ADDRESS	3070 SYLMAR	
CITY-ST-ZIP	CLOVIS CA 93612	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4601 S.W. Thistle Terrace	
STREET ADDRESS	Palm City, FL 34990	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4601 SW Thistle Terrace	
STREET ADDRESS	Palm City, FL 34990	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Connie L Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR2-9-00 561-221-1023
Date Daytime Phone #

CR2E034 (9/99)