

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 91011 040 ***150.00

DOCUMENT # P97000030118

1. Entity Name
MIKE S. SMITH, INC.

Principal Place of Business

2496 SE 58TH AVE
 Ocala FL 34471
 US

Mailing Address

2496 SE 58TH AVE
 Ocala FL 34471
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3438709**

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

LANDRY, JULIE
2312 SE 19TH CIR
OCALA FL 34471

Name **wendell landry**
 Street Address (P.O. Box Number is Not Acceptable) **15300 s.e 140th Ave. Road**
OCALA FLORIDA 32195
 City **FL** Zip Code **32195**

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 **WENDELL LANDRY PRESIDENT**

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, 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 **P** ☒ Delete
 NAME **LANDRY, JULIE**
 STREET ADDRESS **2312 SE 19TH CIR**
 CITY-ST-ZIP **OCALA FL 34471**

TITLE **PRESIDENT** ☐ Change ☒ Addition
 NAME **WENDELL LANDRY**
 STREET ADDRESS **15300 SE 140th ave. Rd.**
 CITY-ST-ZIP **WEIRSDALE, FLA. 32195**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 like empowered.

SIGNATURE: **Wendell Landry President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/01

Date

352-694-2500

Daytime Phone #

CR2E034 (10/00)