

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000071170

1. Entity Name

SMITH AND SMITH CONSTRUCTION, INC. ✓

FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90106 042 ***550.00

Principal Place of Business

6114 36TH AVE. SOUTH
TAMPA FL 33619

Mailing Address

6114 36TH AVE. SOUTH
TAMPA FL 33619

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3469510

Applied For

Not Applicable

Zip

Country

Zip

Country

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, NORMAN H
6114 36TH AVE. SOUTH
TAMPA FL 33619

Name

Jami S. Smith

Street Address (P.O. Box Number is Not Acceptable)

6114 36th Av. S.

City

Tampa

FL

Zip Code

33619

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

Jami S. Smith

8-15-00

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 13, 2000 Min. 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 VP ☐ Delete
NAME SMITH, JAMI S
STREET ADDRESS 6114 36TH AVE S
CITY-ST-ZIP TAMPA FL 33619

TITLE President ☒ Change ☐ Addition
NAME Jami S. Smith
STREET ADDRESS 6114 36th Av. S.
CITY-ST-ZIP TAMPA, FL - 33619

TITLE VP ☐ Delete
NAME SMITH, CHARLES R
STREET ADDRESS 407 S ST CLOUD
CITY-ST-ZIP VALRICO FL

TITLE Managing Director ☐ Change ☒ Addition
NAME Norman H. Smith
STREET ADDRESS 6114 36th Av. S.
CITY-ST-ZIP TAMPA, FL - 33619

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jami S. Smith 8-15-00 8136233
Date Daytime Phone #

CR2E034 (5/00)