

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000073668**

1. Entity Name

JIM SMITH TREES AND LAWNS, INC.**FILED****Jan 08, 2001 8:00 am**
Secretary of State

01-08-2001 90025 043 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1109 TRUMAN AVE LEHIGH ACRES FL 33972		Mailing Address 1109 TRUMAN AVE LEHIGH ACRES FL 33972	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0902328 65-0902338		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SMITH, JAMES CLYDE 720 SHADYSIDE STREET LEHIGH ACRES FL 33936		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 _____ (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. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, JAMES CLYDE 1109 TRUMAN AVE LEHIGH ACRES FL 33972 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>James Clyde Smith</i>		Date 1-3-00 Daytime Phone # 941-3697317	

CR2E034 (10/00)