



FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90394 024 ***150.00

0057502 AV

DOCUMENT #		P97000074412				Secretary of State	
1. Entity Name		SMITTY'S RESTORATION & CUSTOM PAINTS, INC.				05-02-2003 90394 024 ***150.00	
Principal Place of Business		Mailing Address					
3329 N. ANDREW AVE. PENSACOLA FL 32505 US		3329 N ANDREWS AVENUE PENSACOLA FL 32505					
2. Principal Place of Business		3. Mailing Address				<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number		Applied For	
Zip		Zip		59-3470220		Not Applicable	
Country		Country		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
USA							
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SMITH, WILLIAM JIM 3403 N ANDREWS AVENUE PENSACOLA FL 32505				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Signature, typed or printed name of registered agent and title if applicable.							
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. <input type="checkbox"/> \$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				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
D SMITH, WILLIAM JIM 3329 N ANDREWS AVENUE PENSACOLA FL 32505							
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ SIGNATURE OF REGISTERED AGENT _____ 4/22/03 858432-2600							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____							