

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P980000016204

1. Entity Name

Smalley Stumpwood, Inc.

FILED

01 JAN -5 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

944 Carol Ct.

Mailing Address

P.O. Box 523

Chipley, FL 32428

Chipley, FL 32428

2. Principal Place of Business

944 Carol Ct.

3. Mailing Address

P.O. Box 523

Suite, Apt. #, etc.

Suite, Apt. #, etc.

REINSTATEMENT 00-01

City & State

Chipley, FL

City & State

Chipley, FL

4. FEI Number

59-3576842

Applied For

Not Applicable

Zip

32428

Country

USA

Zip

32428

Country

USA

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

James E. Smalley Sr.
944 Carol Court
Chipley, FL 32428

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

Signature typed or printed name of registered agent and file if applicable

NOTE: Registered Agent signature required when reinstating

DATE

12/21/00

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 \$150.00

After MAY 1, 2000 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: President
NAME: James E. Smalley Sr.
STREET ADDRESS: 944 Carol Court
CITY-ST-ZIP: Chipley FL 32428

☐ Delete

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

TITLE: Vice-President
NAME: James E. Smalley
STREET ADDRESS: 1250 Campbell Rd.
CITY-ST-ZIP: Chipley FL 32428

☒ Delete

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

TITLE: Secretary/Treasurer
NAME: Rita S. Smalley
STREET ADDRESS: 944 Carol Ct
CITY-ST-ZIP: Chipley FL 32428

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STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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

12/20/00

Date

Daytime Phone #

CR2E034 (9/99)