

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000006556

1. Entity Name
A.D. SMITH BUILDING CONTRACTOR, INC.

FILED

00 AUG 30 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
13814 VACATION LN 13814 VACATION LN
ODESSA, FL 33556 ODESSA, FL 33556

2. Principal Place of Business 2. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

8/30/00 90004/050 \$160.00
DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3558352 Applied For
Not Applied

8. Certificate of Status Desired \$8.75 Additional
Fee Required

5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANTHONY D. SMITH
13814 VACATION LANE
ODESSA, FL 33556

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

6. 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 of Agent in writing name of principal agent and his signature NOTE: Registered agent signature required when changing DATE

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so. (See criteria on back) 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 '1

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '1
TITLE: PRESIDENT NAME: ANTHONY D. SMITH STREET ADDRESS: 13814 VACATION LN CITY-STATE-ZIP: ODESSA, FL 33556	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VICE PRESIDENT NAME: TANYA C. SMITH STREET ADDRESS: 13814 VACATION LN. CITY-STATE-ZIP: ODESSA, FL 33556	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exceptions stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 of this report.

SIGNATURE: * *Anthony D. Smith, President* 8/22/00 837926-5037

10/2

8/31

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Attachment
OFF 0990000656
DU08257

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Anthony D. Smith, President
A.D. Smith Building Contractor, Inc.
13814 Vacation Lane
Odessa, FL 33566

Dear Sir/Madam,

The corporate annual report for the year 2000 was never received. Enclosed is a photo-copied form filled in with the appropriate information. Please accept this form and our check for \$150.00.

Thank you for your cooperation.

Sincerely,


Anthony D. Smith, Pres