

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90715 032 ***150.00

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DOCUMENT # P99000006556

1. Entity Name

A.D. SMITH, BUILDING CONTRACTOR, INC.



Principal Place of Business

13814 VACATION LN

TAMPA FL 33556

ODESSA

Mailing Address

13814 VACATION LN

TAMPA FL 33556

ODESSA

2. Principal Place of Business

(SAME) 13814 VACATION LN

3. Mailing Address

(SAME)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ODESSA, FL

City & State

Zip

33556

Country

PASCO

Zip

Country

4. FEI Number

59-3558352

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SMITH, ANTHONY D

13814 VACATION LN

ODESSA FL 33556

7. Name and Address of New Registered Agent

Name

SAME

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	SMITH, ANTHONY D	13814 VACATION LN	ODESSA FL 33556	
VP	SMITH, TANYA C	13814 VACATION LN	ODESSA FL 33556	
ASST. VICE PRESIDENT	RICHARD E. BROOKS	13814 VACATION LN	ODESSA, FL 33556	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<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:

Anthony D. Smith, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/03 813)926-5039
Date Daytime Phone #

CR2E034 (10/02)