

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000012934**

1. Entity Name

BILL SMITH CONSTRUCTION, INC.**FILED**
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90010 020 ***550.00

Principal Place of Business

5312 S. LOCKWOOD RIDGE RD.
SARASOTA FL 34231

Mailing Address

5312 S. LOCKWOOD RIDGE RD.
SARASOTA FL 34231**A0078181**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3813 Prudence Dr.
Suite, Apt. #, etc.

3. Mailing Address

3813 Prudence Dr.
Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Sarasota FL

4. FEL Number

650888117

Applied For

Not Applicable

Zip

34235 Sarasota

Zip

34235 Sarasota

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, WILLIAM
5312 S. LOCKWOOD RIDGE RD.
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name **Smith, William**

Street Address (P.O. Box Number is Not Acceptable)

3813 Prudence Dr.

City **Sarasota**

FL

Zip **34235**

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 **William W. Smith**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-10-009. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	SMITH, WILLIAM
STREET ADDRESS	5312 S. LOCKWOOD RIDGE RD.
CITY-ST-ZIP	SARASOTA FL 34231
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, William
STREET ADDRESS	3813 Prudence Dr.
CITY-ST-ZIP	Sarasota FL 34231
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brackett, Beau
STREET ADDRESS	1903 Beneva Court Apt. 1500
CITY-ST-ZIP	Sarasota FL 34232
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **William W. Smith**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-10-00

Date

Daytime Phone #

CR2E034 (5/00)