

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 08, 2000 8:00 am**
Secretary of State

05-08-2000 90022 018 ***150.00

DOCUMENT # P99000058556

1. Entity Name

SMITH INDEPENDENT BUILDING INSPECTOR, INC.

Principal Place of Business

Mailing Address

JERNIGAN ROAD
PIERCE FL 34945**2440 JERNIGAN ROAD**
FORT PIERCE FL 34945-2217

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable5. 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

Name

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

City

FL

Zip Code

TYLER, JAMES N
504 SW 2ND AVENUE
OKEECHOBEE FL 34974**William H. Smith**
2440 JERNIGAN Rd
Ft Pierce
FL 34945

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 title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
D	TYLER, JAMES N	504 SW 2ND AVENUE	OKEECHOBEE FL 34974	<input checked="" type="checkbox"/>	P/D/T	William H. Smith	2440 JERNIGAN Rd	Ft Pierce FL 34945	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	V/S	Virginia Smith	2440 JERNIGAN Rd	Ft Pierce FL 34945	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 H Smith**561-**
2/26/00**465-1661**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #