

7/1

FILED
Aug 10, 2001 8:00 am
Secretary of State

07-12-2001 90003 037 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058556

1. Entity Name

SMITH INDEPENDENT BUILDING INSPECTOR, INC.

Principal Place of Business

2440 JERNIGAN ROAD
 FORT PIERCE FL 34945

Mailing Address

2440 JERNIGAN ROAD
 FORT PIERCE FL 34945

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

EIN 65-1087808

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

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

TYLER JAMES N

504 SW 2ND AVENUE

OKEECHOBEE FL 34974

Name

William H. Smith

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

2440 JERNIGAN RD

City

Ft. Pierce

FL

Zip Code

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

William H. Smith

Wm H Smith

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

(NOTE: Registered Agent Signature is required when reinstating)

DATE

7/1/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE ☒ Delete
 NAME TYLER, JAMES N
 STREET ADDRESS 504 SW 2ND AVENUE
 CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME William H. Smith
 STREET ADDRESS 2440 JERNIGAN RD
 CITY-ST-ZIP Ft Pierce FL 34945

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

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

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

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

TITLE ☐ Change ☐ 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:

Wm H Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/01

Date

Daytime Phone #

561-465-1661

CR2E034 (5/01)