

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90035 036 ***150.00

0016921 AV

DOCUMENT # P99000089738

1. Entity Name

SMITH-N-AYER TRANSPORT, INC.

Principal Place of Business

Mailing Address

**164 PALM CIRCLE
 PALM SHORES FL 32940**

**164 PALM CIRCLE
 PALM SHORES FL 32940**

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

59-3606753

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, GREGORY W
 164 PALM CIRCLE
 PALM SHORES FL 32940**

Name

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **SMITH, GREGORY W**
 STREET ADDRESS **164 PALM CIRCLE**
 CITY-ST-ZIP **PALM SHORES FL 32940**

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

TITLE **D** ☐ Delete
 NAME **AYERH, JOY F**
 STREET ADDRESS **164 PALM CIRCLE**
 CITY-ST-ZIP **PALM SHORES FL 32940**

TITLE ☒ Change ☐ Addition
 NAME **AYER, JOY F.**
 STREET ADDRESS **164 Palm Circle**
 CITY-ST-ZIP **Palm Shores, FL 32940**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-17-2001

321-752-5401

Date

Daytime Phone #

CR2E034 (5/01)

Attachment
A0082364

8-17-2001

Encl 99000089738

Florida Dept. of State
Division of Corporations

Re: 2001 Uniform Business Report
FEI # 59-3606753

This is the first statement I have recieved from the Florida Dept. of State. I called the number on the 2001 Uniform Business Report and talked to Carol today and as per our conversation I am enclosing a check for \$150.00 and this letter stating that this is the first statement I have recieved.

Sincerely,
Gregory W. Smith
Director

Gregory W. Smith