

# 2002 UNIFORM BUSINESS REPORT (UBR)

0109634 AV

DOCUMENT # P99000092422

1. Entity Name  
J.A.M. SMITH, INC.

FILED

02 SEP 12 AM 8:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
1899 PORTER LAKE DRIVE.. #104  
SARASOTA FL 34240-7808

Mailing Address  
1899 PORTER LAKE DRIVE.. #104  
SARASOTA FL 34240-7808

CHANGED TO:

2. Principal Place of Business  
2147 PORTER LAKE DR.

3. Mailing Address  
2147 PORTER LAKE DR.

Suite, Apt. #, etc.  
SUITE E

Suite, Apt. #, etc.  
SUITE E

City & State  
SARASOTA FL.

City & State  
SARASOTA FL.

Zip Country  
34240 SARASOTA

Zip Country  
34240 SARASOTA

4. FEI Number 65-0952657

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

LANGDON, ALLEN E  
125 FIRST AVENUE  
NOKOMIS FL 34275

## 7. Name and Address of New Registered Agent

Name JAMES M. SMITH  
Street Address (P.O. Box Number is Not Acceptable)  
2147 PORTER LAKE DR. SUITE E  
City SARASOTA FL Zip Code 34240

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

8-27-02

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 13, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD SMITH, JAMES M 601 MACARTHUR AVENUE SARASOTA FL 34243	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
200007735622--6 -09/13/02--01052--023 ***150.00 ***150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 JAMES M. SMITH PRES. 8-27-02 941-378-8711  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)



*Attachment*

OFFICE OF COMPTROLLER  
STATE OF FLORIDA

ROBERT F. MILLIGAN  
COMPTROLLER OF FLORIDA

JULY 15, 2002

TALLAHASSEE  
32399-0350

*#P900009202*

J. A. M. SMITH INC.  
2147 E. PORTER LAKE DR  
SARASOTA, FL 34240

RE: CL 0100573

Dear Licensee:

As requested, our records have been updated to show the following  
change(s) of address:

LOCATION ADDRESS FROM: 1899 PORTER LAKE DR UNIT 104  
SARASOTA, FL 34240

TO: 2147 E PORTER LAKE DR  
SARASOTA, FL 34240

MAILING ADDRESS FROM: 1899 PORTER LAKE DR UNIT 104  
SARASOTA, FL 34240-7897

TO: 2147 E PORTER LAKE DR  
SARASOTA, FL 34240

Please attach this notice to your current license as evidence of  
this change.

Sincerely,

*Donna Melton*

DONNA MELTON  
SECRETARY SPECIALIST  
Division of Finance  
101 E. Gaines St.  
Tallahassee, FL 32399-0350

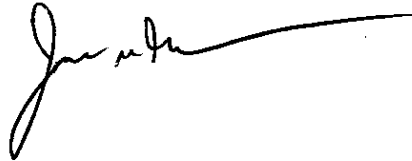
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TO THE DIVISION OF CORPORATIONS,

# 0990000 8482

THIS LETTER IS TO EXPLAIN WHY MY UNIFORM BUSINESS REPORT IS LATE. MY ACCOUNTANT IS THE REGISTERED AGENT AND USUALLY HANDLES THIS PAPERWORK. MY ACCOUNTANT WAS IN THE HOSPITAL FOR SEVERAL MONTHS ALMOST CONSISTANTLY. I MOVED MY OFFICE EARLIER THIS YEAR AND I NEVER SAW THE REPORT, AND AFTER I GOT SECOND ONE HE SAID HE DID NOT FILE IT. I TALKED TO ROB IN YOUR DEPARTMENT HE SAID TO WRITE THIS EXPLAINATION LETTER, SEND IN THE REPORT, AND 150.00. THANK YOU FOR YOUR UNDERSTANDING AND IT WON'T HAPPEN AGAIN.

THANK YOU,



JAMES M. SMITH PRESIDENT

J.A.M. SMITH INC.