

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 17, 2001 8:00 am
Secretary of State

05-17-2001 90083 001 *****8.75
05-17-2001 90083 002 ***150.00

DOCUMENT # P99000096418

1. Entity Name
JOHN S. SMITH ELECTRICAL CONTRACTORS, INC.

Principal Place of Business
111 N. BAY STREET
BUNNELL FL 32110

Mailing Address
POST OFFICE BOX 367
BUNNELL FL 32110

2. Principal Place of Business

3. Mailing Address

PO Box 1160

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Bunnell FL

4. FEI Number 59-3608406

Applied For

Not Applicable

Zip

Country

Zip 32110-1160 Country USA

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

SMITH, JOHN S
111 N. BAY STREET
1000 E. MOODY BLVD
BUNNELL FL 32110

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

President/owner

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, 2001 Fee will be \$550.00
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	P	<input type="checkbox"/> Delete
NAME	SMITH, JOHN S	
STREET ADDRESS	1000 E. MOODY BLVD	
CITY-ST-ZIP	BUNNELL FL 32110	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SMITH, MARK E	
STREET ADDRESS	30 PINELLYN DR	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	S	<input type="checkbox"/> Delete
NAME	SMITH, JEANETTE	
STREET ADDRESS	30 PINELLYN DR	
CITY-ST-ZIP	PALM COAST FL 32164	
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	SMITH, JOHN S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1000 E. MOODY BLVD	
STREET ADDRESS	BUNNELL 32110	
CITY-ST-ZIP	PRESIDENT	
TITLE	SMITH, MARK E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	30 PINELLYN DR	
STREET ADDRESS	PALM COAST FL 32164	
CITY-ST-ZIP	VICE PRESIDENT	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Jarnette	
STREET ADDRESS	30 Pinellyn Dr	
CITY-ST-ZIP	Palm Coast, FL 32164	
TITLE	SMITH LORA A	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1000 E MOODY BLVD	
STREET ADDRESS	BUNNELL 32110	
CITY-ST-ZIP	TREASURER	
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 exemption.

SIGNATURE:

Jarnette Smith Secretary

01/04/01

904-437-2933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)