

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V40947

1. Entity Name

SMITH SURVEYING & MAPPING, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90079 026 ***150.00

Principal Place of Business

1400 PALM BAY ROAD N.E.
PALM BAY FL 32905

Mailing Address

1400 PALM BAY ROAD N.E.
PALM BAY FL 32905-3851

2. Principal Place of Business

4690 LIPSCOMB ST. NE

Suite, Apt. #, etc.

SUITE 9

3. Mailing Address

4690 LIPSCOMB ST. NE

Suite, Apt. #, etc.

SUITE 9

City & State
PALM BAY, FLORIDA

City & State
PALM BAY, FLORIDA

Zip Country
32905 USA

Zip Country
32905 USA

4. FEI Number 59-3127770

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

MCGARRELL, THOMAS P.
5205 BABCOCK STREET N.E.
PALM BAY FL 32905

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 \$150.00
After MAY 1, 2000 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 D ☐ Delete
NAME SMITH, KEVIN A.
STREET ADDRESS 1400 PALM BAY ROAD N.E.
CITY-ST-ZIP PALM BAY FL

TITLE *President* ☒ Change ☐ Addition
NAME *KEVIN A. SMITH*
STREET ADDRESS *4690 LIPSCOMB ST. STE 9*
CITY-ST-ZIP *PALM BAY, FL 32905*

TITLE D ☒ Delete
NAME SMITH, LISA G.
STREET ADDRESS 1400 PALM BAY ROAD N.E.
CITY-ST-ZIP PALM BAY FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-2000 *(321)* *124-2940*
Date Daytime Phone #

CR2E034 (9/99)