

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90134 040 ***150.00

DOCUMENT # 374621

1. Entity Name
UNISMITH, INC.

Principal Place of Business
**5040 TALLOW POINT RD.
 TALLAHASSEE FL 32308-2310**

Mailing Address
**5040 TALLOW POINT RD.
 TALLAHASSEE FL 32308-2310**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1313081**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, WILLIAM B.
 5040 TALLOW POINT ROAD
 TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	HENLEY, LINDA S	
STREET ADDRESS	P.O. BOX 576	
CITY-ST-ZIP	LAKE JUNALUSKA NC	
TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, MARY A	
STREET ADDRESS	5040 TALLOW POINT RD	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SMITH WILLIAM, B	
STREET ADDRESS	5040 TALLOW POINT RD	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SMITH, DARRELL W	
STREET ADDRESS	1905 TY TY ROAD	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	
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"/> Change <input type="checkbox"/> Addition
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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 empowered.

SIGNATURE: William B. Smith Sec Areas Date: 4-27-2001 Daytime Phone #: 893-3719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)