

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90186 018 \*\*\*150.00

**DOCUMENT # L05023**

1. Entity Name

**SMITH LIQUIDATING, INC.**

Principal Place of Business

**4460 107TH CIRCLE NORTH  
 CLEARWATER FL 34622  
 US**

Mailing Address

**4460 107TH CIRCLE NORTH  
 CLEARWATER FL 33762-5028  
 US**

AG000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2962740**

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

**CAREY, MICHAEL R  
 CAREY, O'MALLEY, WHITAKER & MANSON  
 712 S. OREGON AVENUE  
 TAMPA FL 33606**

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	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>BLOUGH, ARTHUR L</b>	
STREET ADDRESS	<b>4460-107TH CIR. NO.</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34622</b>	
TITLE	<b>DVP</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, RAYMOND P III</b>	
STREET ADDRESS	<b>4460-107TH CIR. NO.</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34622</b>	
TITLE	<b>TS</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, G. THOMAS</b>	
STREET ADDRESS	<b>4460-107TH CIR. NO.</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34622</b>	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

*Raymond P. Smith*  
**RAYMOND P. SMITH**

**4/25/00**

Date

**727/573-5440**

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRP004 10/00