FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90175 043 ***150.00

DOCUMENT # P00000021419

1. Entity Name

Stuart M. Smith, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
633 S.E. 3rd Avenue	P.O. Box 2002
Suite, Apt. #, etc. Suite 301	Suite, Apt. #, etc. Fort Lauderdale, FL
City & State Fort Lauderdale, FL	City & State
Zip 33301 County U.S.A.	Zip 33303 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0986172 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Stuart M. Smith, Esq.

Street Address (P.O. Box Number is Not Acceptable): 633 SE 3rd Avenue / Suite 301

City: Fort Lauderdale FL Zip Code: 33301

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: Stuart M. Smith DATE: 4/22/02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	President / Director
NAME	Stuart M. Smith
STREET ADDRESS	633 SE 3rd Avenue / Suite 301
CITY-ST-ZIP	Fort Lauderdale, FL 33301
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Stuart M. Smith Stuart M. Smith 4/22/2002 (954) 761-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #