

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90012 034 ***150.00

DOCUMENT # P97000071710

1. Entity Name
SMITH ENGINEERING SERVICES, INC.

Principal Place of Business 1323 SE 17TH ST. SUITE 367 FT LAUDERDALE FL 33316	Mailing Address 1323 SE 17TH ST. SUITE 367 FT LAUDERDALE FL 33316
--	--

2. Principal Place of Business 252 SW South Quick Circle	3. Mailing Address 252 SW South Quick Circle
---	---



DO NOT WRITE IN THIS SPACE

City & State Port St. Lucie, FL	City & State Port St. Lucie, FL	4. FEI Number 65-0779513	Applied For <input type="checkbox"/> Not Applicable
Zip 34953	Country U.S.	Zip 34953	Country U.S.

6. Name and Address of Current Registered Agent
SMITH, DWAYNE R
1323 SE 17TH ST.
SUITE 367
FT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent
 Name
Dwayne R. Smith
 Street Address (P.O. Box Number is Not Acceptable)
252 SW South Quick Circle
 City
Port St. Lucie **FL** Zip Code
34953

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: *Dwayne R. Smith* **Dwayne R. Smith** DATE: **X 4-10-07**
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 NAME STREET ADDRESS CITY-ST-ZIP	DPT SMITH, DWAYNE R 1323 SE 17TH ST., SUITE 367 FT LAUDERDALE FL 33316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Smith, Dwayne R. 252 SW South Quick Circle Port St. Lucie, FL 34953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Dwayne R. Smith* **Dwayne R. Smith** DATE: **X 4-10-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)