

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90050 041 \*\*\*150.00

**DOCUMENT # S26121**

1. Entity Name  
**SMITH & GRIMSLEY, P.A.**

Principal Place of Business  
**25 WALTER MARTIN RD**  
**FT. WALTON BEACH FL 32548**

Mailing Address  
**25 WALTER MARTIN RD**  
**FT. WALTON BEACH FL 32548**

2. Principal Place of Business  
**25 Walter Martin Rd. NE**

3. Mailing Address  
**25 Walter Martin Rd. NE**

Suite, Apt. #, etc.  
**Suite 101**

Suite, Apt. #, etc.  
**Suite 101**

City & State  
**Ft. Walton Beach, FL**

City & State  
**Ft. Walton Beach, FL**

Zip Country  
**32548 Okaloosa**

Zip Country  
**32548 Okaloosa**

4. FEI Number **59-3049449**

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



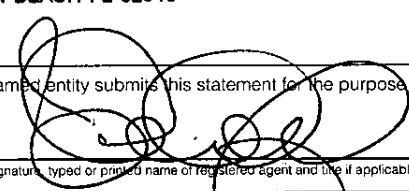
## 6. Name and Address of Current Registered Agent

**SMITH, WALTER J.**  
**25 WALTER MARTIN RD**  
**FT. WALTON BEACH FL 32548**

## 7. Name and Address of New Registered Agent

Name  
**JAMES W. GRIMSLEY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**25 Walter Martin Rd. NE, Suite 101**  
 City  
**Ft. Walton Beach, FL** Zip Code  
**32548**

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

*March 5, 2002*

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, 2002 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

|                                                |                                                                                                                         |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>SMITH, WALTER J.<br>25 WALTER MARTIN RD<br>FORT WALTON BEACH FL 32548 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>GRIMSLEY, JAMES W.<br>25 WALTER MARTIN RD<br>FORT WALTON BEACH FL 32548 <input type="checkbox"/> Delete           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                         |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                |                                                                   |
|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 5, 2002

850-243-8194

Date

Daytime Phone #

CR2E034 (9/01)