2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State
01-15-2003 90271 030 ***150.00

DOCUMENT # S26121

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

Principal Place of Business	Mailing Address
25 WALTER MARTIN RD. NE SUITE 101 FT. WALTON BEACH FL 32548	25 WALTER MARTIN RD. NE SUITE 101 FT. WALTON BEACH FL 32548

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3049449 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, WALTER J.
25 WALTER MARTIN RD. NE
SUITE 101
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 3-5-5-95 FL Zip Code: 32548-4958

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: JAMES W. GRIMSLEY 13/Jan/03
Signature, typed or printed name of individual signing and (if applicable) capacity (NOTE: Registered Agent signature required when reinstating) DATE

JAMES W. GRIMSLEY

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GRIMSLEY, JAMES W. 25 WALTER MARTIN RD FORT WALTON BEACH FL 32548	☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED As President 13/Jan/03
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED JAMES W GRIMSLEY Date Daytime Phone #