2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K19469

1. Entity Name

SMITH, HOOD, PERKINS, LOUCKS, STOUT & ORFINGER, P.A.

FILED

00 MAY 24 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
c/o William E. Loucks 444 Seabreeze Blvd. Suite 900 Daytona Beach, FL 32118	c/o William E. Loucks P.O. Box 15200 Daytona Beach, FL 32115-5200

DO NOT WRITE IN THIS SPACE 515100 900822 029 $150.00

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 59-2880513 ☐ 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
Loucks, William E. 444 Seabreeze Blvd., Suite 900 Daytona Beach, FL 32118	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 _____ DATE
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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVT Orfinger, Michael S. 444 Seabreeze Blvd., Suite 900 Daytona Beach, FL 32118	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Perkins, Terence R. 444 Seabreeze Blvd., Suite 900 Daytona Beach, FL 32118	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Stout, Larry R. 444 Seabreeze Blvd., Suite 900 Daytona Beach, FL 32118	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS Loucks, William E. 444 Seabreeze Blvd., Suite 900 Daytona Beach, FL 32118	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Smith, Horace Jr. 444 Seabreeze Blvd., Suite 900 Daytona Beach, FL 32118	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Selis, Scott A. 444 Seabreeze Blvd., Suite 900 Daytona Beach, FL 32118	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Hood, Charles D. Jr. 444 Seabreeze Blvd., Suite 900 Daytona Beach, FL 32118	☐ Change ☒ Addition

CR2E034 (9/99)

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: _____ Michael S. Orfinger 4/25/00 904-254-6875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Vice President Date Daytime Phone #

KE