9/12/01-90158-034-$550.00-$550.00

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 SEP 27 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 219750

1. Entity Name
W.A. SMITH, INC

Principal Place of Business	Mailing Address
5682 SW SMITH AVENUE P O BOX 123 NOCATEE FL 34268 US	P O BOX 123 P.O.BOX 123 NOCATEE FL 34268 US

DO NOT WRITE IN THIS SPACE

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 59-0795977 ☐ 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
SMITH, M. JANYCE 5682 SMITH AVE. NOCATEE FL 33864	Name: Zona F. Smith Street Address (P.O. Box Number is Not Acceptable): 5750 SW Smith Ave. (P. O. Box 219) City: Nocatee, Fl. 34268 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 Zona F. Smith DATE 9/07/01
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 $550.00
After September 12, 2001 Fee will be $750.00
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	D SMITH JERI LYNN 8680 NORTH GLEN APT. 251 FRESNO, CA 93711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Allan C. Smith 43334 32nd St. West #35 Lancaster, Ca. 93536	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST SMITH,M JANYCE 5682 SMITH AVE. NOCATEE FL	x ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SMITH,LESSIE S 5682 SMITH AVE NOCATEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, RODNEY A. 6033 TULIP CIRCLE QUARTZ HILL, CA 93536	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Rodney a. Smith 6033 Tulip Circle Quartz Hill, Ca., 93536	x ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, ROBIN 6449 KEYSTONE ST SIM VALLEY CA 93063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Robin Smith 16301 Minnehana St. Granada Hills, Ca., 91344	x ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SMITH, ZONA 5750 SMITH AVE. NOCATEE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec/Trea Zona Smith 5750 Smith Avenue Nocatee, Fl., 34268	x ☒ Change ☐ Addition

CR2E034 (5/01)

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

SIGNATURE: SIGNATURE REQUIRED 9/7/01 (863) 494-1460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #