

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90013 025 \*\*\*150.00

**DOCUMENT # 219750**

1. Entity Name

**W.A. SMITH, INC**

Principal Place of Business

**5682 SW SMITH AVENUE  
P O BOX 123  
NOCATEE FL 34268  
US**

Mailing Address

**P O BOX 123  
P.O.BOX 123  
NOCATEE FL 34268  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

**SMITH, JANY  
5682 SW  
NOCATEE FL 33664**

7. Name and Address of New Registered Agent

Name

**Irma J. Dampier**

Street Address (P.O. Box Number is Not Acceptable)

**3157 Stonewater Drive**

City

**Lakeland**

FL

Zip Code

**33803**

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 *Irma J. Dampier*

**Irma J. Dampier**

**4/26/02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	D	<input type="checkbox"/> Delete
NAME	SMITH JERI LYNN	
STREET ADDRESS	8680 NORTH GLEN APT. 251	
CITY-ST-ZIP	FRESNO, CA 93711	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	SMITH, M JANYCE	
STREET ADDRESS	5682 SMITH AVE.	
CITY-ST-ZIP	NOCATEE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, LESSIE S	
STREET ADDRESS	5682 SMITH AVE.	
CITY-ST-ZIP	NOCATEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, RODNEY A.	
STREET ADDRESS	6033 TULIP CIRCLE	
CITY-ST-ZIP	QUARTZ HILL, CA 93536	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, ROBIN	
STREET ADDRESS	6449 KEYSTONE ST	
CITY-ST-ZIP	SIM VALLEY CA 93063	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SMITH, ZONA	
STREET ADDRESS	5750 SMITH AVE.	
CITY-ST-ZIP	NOCATEE, FL	

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Lessie S. Smith** **4/26/02**  
**President**

Date

Daytime Phone #

CR2E034 (10/00)