2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 358175

1. Entity Name

EUGENE R. SMITH & ASSOC	SMITH & ASSOCIATES, ARCHITECTS & PLANN			
Principal Place of Business	Mailing Address			
612 HWY 98 E SUITE B DESTIN FL 32541 US	PO BOX 17848 SUITE B TAMPA FL 33682 US			
2. Principal Place of Business	3. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City & State	City & State			

FILED Apr 24, 2001 8:00 am Secretary of State

04-24-2001 90344 021 ***150.00

2. Principal Plac Suite, Apt. #, City & State Zip		3. Mailing Address Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State	etc.	· ·		DO NOT WRITE IN THIS SPACE	
Zip		City & State		4. FEI Number 59-1284751 Applied For Not Applicab	
	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current I	 Registered Agent	<u> </u>	7. Name and Address of New Registered Agent	
			Name		
SMITH, EUGENE R. 612 HWY 98 E SUITE B DESTIN FL 32541		Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
		City	Zip Code		
SIGNATI IRE	amed entity submits this statement for gnature, typed or printed name of registered agent.		s registered office or reg	gistered agent, or both, in the State of Florida. required whon reinstating) DATE	
•	ation is eligible to satisfy its Intangible quirement and elects to do so. on back)	After MAY 1, 20	!!! FEE IS \$150.00 001 Fee will be \$550 ble to Department of	0.00 Trust Fund Contribution Added to Fees	
11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	PVD Smith, Eugene R 612 HWY 98 E Destin Fl 32541	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addit	
NAME STREET ADDRESS	st Smith, Eugene R 612 Hwy 98 E Destin Fl 32541	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addit	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi	
TITLE		☐ Delete	TITLE NAME	☐ Change ☐ Addi	

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.

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4/19/01

(813) 995-9165

Daytime Phone #