

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 532515

1. Entity Name

SMITH FULLER & ASSOCIATES, ARCHITECTS, P.A.

Principal Place of Business

442 A GRACE AVE.  
PANAMA CITY FL 32401

Mailing Address

442 A GRACE AVE.  
PANAMA CITY FL 32401-2722

2. Principal Place of Business

509 HARRISON AVE

3. Mailing Address

509 HARRISON AVE

Suite, Apt. #, etc.

SUITE 204

Suite, Apt. #, etc.

SUITE 204

City & State

PANAMA CITY, FL

City & State

PANAMA CITY, FL

Zip

32401

Country

USA

Zip

32401

Country

USA

4. FEI Number

59-1734369

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FULLER, G WALTER  
442 A GRACE AVE.  
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

Name

FULLER, G. WALTER

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

509 HARRISON AVE, SUITE 204

City

PANAMA CITY

FL

Zip Code

32401

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

*G. Walter Fuller*  
Signature, typed or printed name of registered agent and title if applicable.

G. WALTER FULLER

(NOTE: Registered Agent signature required when reinstating)

3/02/01

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, MANDEVILLE JR	
STREET ADDRESS	442 A GRACE AVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FULLER, G. WALTER	
STREET ADDRESS	442 A GRACE AVE.	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, MANDEVILLE JR	
STREET ADDRESS	509 HARRISON AVE, SUITE 204	
CITY-ST-ZIP	PANAMA CITY, FL 32401	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULLER, G. WALTER	
STREET ADDRESS	509 HARRISON AVE, SUITE 204	
CITY-ST-ZIP	PANAMA CITY, FL 32401	
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:

*G. Walter Fuller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/02/01

Daytime Phone #

(850) 785 2755

FILED

Mar 06, 2000 8:00 am  
Secretary of State

03-06-2000 90061 034 \*\*\*158.75

00056307



DO NOT WRITE IN THIS SPACE