

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90163 015 ***150.00

DOCUMENT # 560071

1. Entity Name
**SMITH, SMITH, MOORE & SMITH, ATTORNEYS AT LAW, P
.A.**



Principal Place of Business
**411 N WASHINGTON ST
PO DRAWER 579
PERRY FL 32347**

Mailing Address
**411 N WASHINGTON ST
PO DRAWER 579
PERRY FL 32347**

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
59-1792763

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, MICHAEL S.
411 N WASHINGTON ST
PERRY FL 32347**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
SD	SMITH, STEPHEN A.	☐ Delete	
STREET ADDRESS	101 E. MADISON ST	☐ Change	☐ Addition
CITY-ST-ZIP	LAKE CITY FL		
PD	SMITH, MICHAEL S.	☐ Delete	
STREET ADDRESS	411 N WASHINGTON ST	☐ Change	☐ Addition
CITY-ST-ZIP	PERRY FL		
		☐ Delete	
		☐ Change	☐ Addition
		☐ Delete	
		☐ Change	☐ Addition
		☐ Delete	
		☐ Change	☐ Addition
		☐ Delete	
		☐ Change	☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/03 850-584-3812

CR2E034 (10/02)