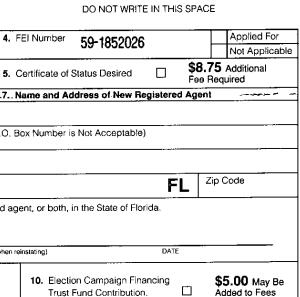
2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 587861** 1. Entity Name TODD L. SMITH, P.A. Mailing Address Principal Place of Business 403 SW 8TH ST. PO BOX 7315 FT. LAUDERDALE FL 33315 FT LAUDERDALE FL 33338-7315 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 59-1852026 Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name SMITH, TODD L Street Address (P.O. Box Number is Not Acceptable) 403 SW 8TH STREET FT. LAUDERDALE FL 33315 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PD ☐ Delete TITLE

FILED Jan 30, 2001 8:00 am Secretary of State

01-30-2001 90182 044 ***150.00



name Street address City-St-Zip	SMITH, TODD L P.O. BOX 7315 (N/A) FORT LAUDERDALE FL 33338		NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME Street Address : City-St-Zip	VD SMITH, NAOMI B P.O. BOX 7315 (N/A) FT LAUDERDALE FL 33338	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP		⊡-Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP	 ·	Change	Addition
TITLE Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition

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:

☐ Addition