

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90022 021 ***150.00

DOCUMENT # 674306

1. Entity Name

H.A. SMITH & ASSOCIATES, INC.

Principal Place of Business

~~19005 SABAL LAKE DRIVE~~ 7616 ELMRI09E Drive
BOCA RATON FL ~~33434~~
US 33433

Mailing Address

~~19005 SABAL LAKE DRIVE~~ 7616 ELMRI09E Drive
BOCA RATON FL ~~33434~~
US 33433

910800



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2140553

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, HAROLD
~~19005 SABAL LAKE DRIVE~~ 7616 ELMRI09E Drive
BOCA RATON FL ~~33434~~ 33433

Name SMITH, HAROLD

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

7616 ELMRI09E Drive

City Boca Raton

FL

Zip Code 33433

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)

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 PVD ☐ Delete
NAME SMITH, HAROLD
STREET ADDRESS ~~19005 SABAL LAKE DRIVE~~ 7616 ELMRI09E Drive
CITY-ST-ZIP BOCA RATON FL ~~33434~~ 33433

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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:

Harold A. Smith HAROLD A. SMITH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/01
Date

561-994-6855
Daytime Phone #

CR2E034 (10/00)