

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 692709

FILED
Apr 03, 2002 8:00 AM
Secretary of State

Entity Name: SMITH HULSEY & BUSEY, PROFESSIONAL ASSOCIATION

Current Principal Place of Business:

225 WATER STREET
1800 FIRST UNION NATIONAL BANK TOWER
JACKSONVILLE, FL 32202

New Principal Place of Business:

225 WATER STREET
SUITE 1800
JACKSONVILLE, FL 32202

Current Mailing Address:

225 WATER STREET
1800 FIRST UNION NATIONAL BANK TOWER
JACKSONVILLE, FL 32202

New Mailing Address:

225 WATER STREET
SUITE 1800
JACKSONVILLE, FL 32202

FEI Number: 59-2100518

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUNTZ, WILLIAM E.
225 WATER STREET
SUITE 1800
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RUSSELL, LANNY
Address: 8260 MERGANSER DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: PDC () Delete
Name: BUSEY, STEPHEN D.,
Address: 225 WATER ST., #1800
City-St-Zip: JACKSONVILLE, FL

Title: VD () Delete
Name: WILSON, HARRY M., II, I
Address: 3830 BETTES CIRCLE
City-St-Zip: JACKSONVILLE, FL

Title: VD () Delete
Name: KUNTZ, WILLIAM E.,
Address: 4744 PRINCE EDWARD RD.
City-St-Zip: JACKSONVILLE, FL

Title: VSD () Delete
Name: LEWIS, RICHARD M JR.
Address: 4619 APACHE AVE
City-St-Zip: JACKSONVILLE, FL

Title: T () Delete
Name: JOHNSTON, JEAN
Address: 1834 DEER RUN TTRAIL
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN JOHNSTON

T

04/03/2002

Electronic Signature of Signing Officer or Director

Date