72003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F64725 **DOCUMENT #**

1. Entity Name

D. CULVER SMITH III, P.A.



FILED Apr 02, 2003 8:00 am Secretary of State 04-02-2003 90078 011 ***150.00

Principal Place of Business 515 NORTH FLAGLER DR SUITE 401 W PALM BCH. FL 33401		Mailing Address PO BOX 3003 WEST PALM BEACH FL 33402-3003			į						
2. Principal F	Place of Business	3. Mailing Address					II EIEII DIQI	CLUM BICKI U			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. F	. FEI Number 59-2165184			oplied For ot Applicable		
Zip	Country	Country Zip Col		ntry	5. (5. Certificate of Status Desired			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent					7. N	lame and Address of New Regis	tered Ag	ent			
				Name							
, SMITH III,	D. CULVER			Street Ad	dress (P.O. Br	Box Number is Not Acceptable)					
515 NORT	TH FLAGLER DR		Sileet Addre			333 (T.O. DOX NUMBER 19 NOT ACCEPTABLE)					
SUITE 401	l										
* W PALM E	3CH. FL 33401						FL	Zip Cod	e		
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 a									and accept		
the obligations of registered agent.											
SIGNĄTURE .	Signature, typed or printed name of registered agent a	and title if applicable.	(NOTE: Registere	ed Agent signature	required when rei	instating)	DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Financ Trust Fund Contribution.	ing		0 May Be		
10.	OFFICERS AND		11.			DITIONS/CHANGES TO OFFICER	RS AND D	IRECTOR	S IN 11		
TITLE	DP .	De De				BITIONO/OFIANGEO TO OFFICE		Change	Addition		
NAME	SMITH III, D CULVER	_ 00	NAM						1		
STREET ADDRESS	515 NORTH FLAGLER DR		STR	EET ADDRESS							
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Thereby certify mat the information supplied with this filling 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:

DECONFEE Wer South I