

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000000554

1. Entity Name

SMITH MYERS USA, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90002 008 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1418 NORMAN STREET, NE SUITE 11 PALM BAY FL 32907 US		Mailing Address 1418 NORMAN STREET, NE SUITE 11 PALM BAY FL 32907-2267 US	
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 02-0464695		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BAKER, MARK
1418 NORMAN STREET, NE
SUITE 11
PALM BAY FL 32907

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.

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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CPSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, PETER J	NAME	
STREET ADDRESS	40 MEADOW WAY LETCHWORTH HENTS	STREET ADDRESS	
CITY-ST-ZIP	SG6 3HX, UNITED KINGDOM	CITY-ST-ZIP	
TITLE	VCVT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ANTHONY J	NAME	
STREET ADDRESS	6 SOLUS CHURCH RD SULTON BEDS	STREET ADDRESS	
CITY-ST-ZIP	SG192NB, UNITED KINGDOM	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ANTHONY J	NAME	
STREET ADDRESS	6 SOLUS CHURCH RD SULTON BEDS	STREET ADDRESS	
CITY-ST-ZIP	SG192NB, UNITED KINGDOM	CITY-ST-ZIP	
TITLE	VPGM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, MARK	NAME	
STREET ADDRESS	1870 KARA PLACE SW	STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32908	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Mark W. Baker **Mark W. Baker** 2/4/00 321-726-8815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)