

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90091 040 ***150.00

0588745

DOCUMENT # F98000004147

1. Entity Name
SMIT INVESTMENT CORPORATION

Principal Place of Business 5601 SOUND BLUFF ROAD OCEAN SPRINGS MS 39564	Mailing Address 5601 SOUND BLUFF ROAD OCEAN SPRINGS MS 39564
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00000001



DO NOT WRITE IN THIS SPACE

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 64-0897249	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
**BODIN, DON
 1290 NORTH PALM AVE
 SARASOTA FL 34236**

7. Name and Address of New Registered Agent
 Name **BHARAT SANGANI**
 Street Address (P.O. Box Number is Not Acceptable) **9200 COLLEGE PKWY**
 City **FT MYERS** FL Zip Code **33919**

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]*
 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	
TITLE NAME VD SANGANI, SMITA B	<input type="checkbox"/> Delete
STREET ADDRESS 5601 SOUND BLUFF ROAD	
CITY-ST-ZIP OCEAN SPRINGS MS 39564	
TITLE NAME PSTD SANGANI, BHARAT H	<input type="checkbox"/> Delete
STREET ADDRESS 5601 SOUND BLUFF ROAD	
CITY-ST-ZIP OCEAN SPRINGS MS 39564	
TITLE NAME C SANGANI, BHARAT H	<input type="checkbox"/> Delete
STREET ADDRESS 5601 SOUND BLUFF RD	
CITY-ST-ZIP OCEAN SPRINGS MS 39564	
TITLE NAME V LUND, JOAN E	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1528 E BEACH BLVD STE A	
CITY-ST-ZIP GULFPORT MS 39501	
TITLE NAME CFO MATTUSRI, MONICA	<input type="checkbox"/> Delete
STREET ADDRESS 1528 E BEACH BLVD STE A	
CITY-ST-ZIP GULFPORT MS 39501	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)