

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005770

1. Entity Name

SMITH HANLEY CONSULTING GROUP, INC.

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90118 040 ***150.00

Principal Place of Business

107 JOHN STREET
SOUTHPORT CT 06490

Mailing Address

107 JOHN STREET
SOUTHPORT CT 06490

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 06-1412917

Applied For

Not Applicable

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

SHELLY, KEITH
1025 GREENWOOD BLVD
LAKE MARY FL 32746

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) ☐

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 P
NAME HANLEY, THOMAS
STREET ADDRESS 235 CANOE HILL ROAD
CITY-ST-ZIP NEW CANAAN CT 06840 ☐ Delete

TITLE CEO
NAME MICHAEL L. HLINAK
STREET ADDRESS 19910 ERIKA WAY
CITY-ST-ZIP KATY, TX 77450 ☐ Change ☒ Addition

TITLE T
NAME SMITH, BRANT
STREET ADDRESS 33 FOXBORO PT
CITY-ST-ZIP ESSEX CT 06426 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS A. HANLEY, JR.

01/10/01

Date

212-687-9696

Daytime Phone #

CR2E034 (10/00)