

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # G52588**

1. Entity Name

**ROBERT SMITH & ASSOCIATES, INC.****FILED**  
**Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90383 042 \*\*\*158.75

Principal Place of Business

500 NE SPANISH RIVER BLVD.  
SUITE 103  
BOCA RATON FL 33431  
US

Mailing Address

500 NE SPANISH RIVER BLVD.  
SUITE 103  
BOCA RATON FL 33431-4517  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-2326029

Applied For

Not Applied

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**SMITH, GARY G  
483 NW 36TH AVE.  
DEERFIELD BEACH FL 33442**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) ☐**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. ☐**\$5.00 May Be  
Added to Fees****11. OFFICERS AND DIRECTORS**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
SMITH, GARY G  
483 NW 36TH AVE.  
DEERFIELD BEACH FL 33442 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
SMITH, MADELINE G  
2410 DEER CREEK BLVD. #101  
DEERFIELD BEACH FL 33442 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐TITLE  
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CITY-ST-ZIP ☐ Change ☐TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐

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

1/5/99

(561) 391-4613