

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90060 006 ***150.00

DOCUMENT # **H08665**

1. Entity Name

SMITH BUSINESS SERVICES, INC.

Principal Place of Business

**320 W. CERVANTES ST.
 PENSACOLA FL 32501**

Mailing Address

**320 W. CERVANTES ST.
 PENSACOLA FL 32501**

754943



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2418194**

Apply For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SMITH, ROBERT J.
 320 W. CERVANTES ST.
 PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

Name
BARBARA D SMITH
 Street Address (P.O. Box Numbers Not Acceptable)
320 W. CERVANTES ST.
 City **PENSACOLA** State **FL** Zip **32501**

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 *Barbara D. Smith*

BARBARA D SMITH

4-25-01

Signature. Typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent's signature required with the registration)

(Date)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

FILE DOWN THIS 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 STREET ADDRESS CITY-STATE-ZIP	DVS SMITH, ROBERT J. 5605 VESTAVIA LANE PENSACOLA FL 32526	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DPT SMITH, BARBARA D. 5605 VESTAVIA LANE PENSACOLA FL 32526	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D SMITH, JAMES T. 6939 CEDAR LAKE DRIVE PENSACOLA FL 32526	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add

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 on Block 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Barbara D. Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01 (850) 432-8111

Date Dept. of State

CR2E034 (10/00)