

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90011 046 \*\*\*150.00

**DOCUMENT # H28788**

1. Entity Name  
**DEL-CHER SMITH, INC.**

Principal Place of Business

% DANIEL R. SMITH  
 8440 ASHLAND AVE  
 PENSACOLA FL 32534  
 US

Mailing Address

% DANIEL R. SMITH  
 3002 ASHBURY LN  
 CANTONMENT FL 32533  
 US

2. Principal Place of Business

3. Mailing Address

**615 NORTH 72ND AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**PENSACOLA, FL**

Zip

Country

Zip

Country

**32506**

**US**

4. FEI Number **59-2477470**

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

**SMITH, DANIEL R.**  
**615 NORTH 72ND AVE.**  
**PENSACOLA FL 32506**

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 *Daniel R. Smith* **DANIEL R. SMITH**

**01-18-02**

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, 2002 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	DPT,	<input type="checkbox"/> Delete
NAME	SMITH, DANIEL R.	
STREET ADDRESS	615 NORTH 72ND AVE.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	SMITH, SAMUEL M.	
STREET ADDRESS	3002 ASHBURY LN	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	DVS	<input checked="" type="checkbox"/> Delete
NAME	SMITH, L. DELORIS	
STREET ADDRESS	3002 ASHBURY LN	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SMITH, CHERYL Y.	
STREET ADDRESS	615 NORTH 72ND AVENUE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DPTS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, DANIEL R	
STREET ADDRESS	615 NORTH 72ND AVE	
CITY-ST-ZIP	PENSACOLA, FL 32506	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *Daniel R. Smith* **DANIEL R. SMITH** **01-18-02** **850-474-0119**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)