

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90088 035 ***150.00

DOCUMENT # H48475

1. Entity Name
SMITH & FULLER, P.A.

Principal Place of Business
101 E KENNEDY BLVD. SUITE 1800
PO BOX 3288
TAMPA FL 33601

Mailing Address
101 E KENNEDY BLVD. SUITE 1800
PO BOX 3288
TAMPA FL 33601

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 **59-2518300**

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, HUGH N.
101 E KENNEDY BLVD, ST1800
101 EAST KENNEDY BLVD.
TAMPA FL 33601

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, 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
 NAME **SD** ☐ Delete
SMITH, HUGH N.
 STREET ADDRESS **17900 N GULF BLVD, 5-B**
 CITY-ST-ZIP **REDINGTON SHORES FL 33708**

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

TITLE
 NAME **PTD** ☐ Delete
FULLER, DIANA L.
 STREET ADDRESS **2418 WEST PALM DRIVE**
 CITY-ST-ZIP **TAMPA FL**

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

TITLE
 NAME **V** ☐ Delete
NELSON, DAVID S.
 STREET ADDRESS **2805 TERRACE DR W**
 CITY-ST-ZIP **TAMPA FL 33609**

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Diana L. Fuller*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Diana L. Fuller, Pres.

3/13/02 (813) 221-7171
 Date Daytime Phone #

CP2E034 (9/01)