

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90304 014 \*\*\*150.00

UNIFORM AV

**DOCUMENT # H51235**  
**1. Entity Name**  
**DAVID R. SMITH DEVELOPMENT, INC.**

<b>Principal Place of Business</b> 753 BARROW STREET CRESTVIEW FL 32539 US	<b>Mailing Address</b> 753 BARROW STREET CRESTVIEW FL 32539 US
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<b>2. Principal Place of Business</b> 753 BARROW STREET Suite, Apt. #, etc.	<b>3. Mailing Address</b> 753 BARROW STREET Suite, Apt. #, etc.
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<b>City &amp; State</b> CRESTVIEW, FL	<b>City &amp; State</b> CRESTVIEW, FL
<b>Zip</b> 32539	<b>Country</b>

**4. FEI Number** 59-2538193  Applied For  
 Not Applicable

**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, DAVID R.  
 753 BARROW STREET  
 CRESTVIEW FL 32539

**7. Name and Address of New Registered Agent**

Name: DAVID R. SMITH  
 Street Address (P.O. Box Number is Not Acceptable):  
 753 BARROW STREET  
 City: CRESTVIEW FL Zip Code: 32539

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SMITH, DAVID R. 1090 A HWY 90 HOLT FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** *David R. Smith* **SIGNATURE REQUIRED** *1/17/02* *(850)683-0654*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)