

2000 UNIFORM BUSINESS REPORT (UBR)

0063225

DOCUMENT # J75992

1. Entity Name
SMITH, THOMPSON & SHAW, P.A.

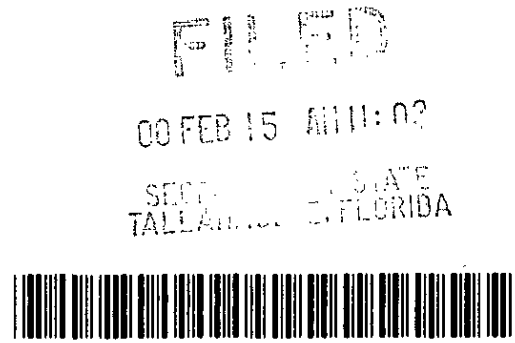
Principal Place of Business
3520 THOMASVILLE ROAD
TALLAHASSEE FL 32308

Mailing Address
3520 THOMASVILLE ROAD
FOURTH FL
TALLAHASSEE FL 32308-3478
US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2809077
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SMITH, W. CRIT
3520 THOMASVILLE ROAD
FOURTH FL
TALLAHASSEE FL 32308

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	D	☐ Delete
NAME	SHAW, FRANK S	
STREET ADDRESS	2233 DEMERON ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	☐ Delete
NAME	THOMPSON, SUSAN S.	
STREET ADDRESS	8515 CONGRESSIONAL DR	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	☐ Delete
NAME	SMITH, W C	
STREET ADDRESS	4510 ROCKBRIDGE HOLLOW	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME	400003140344-3	
STREET ADDRESS	-02/18/00--01093--008	
CITY-ST-ZIP	****150.00 ****150.00	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: *[Signature]* Secretary 2-14-2000 850-893-4105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)