## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT#** K47914

1. Entity Name

W KELLY SMITH IL INC



## **FILED** Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90432 041 \*\*\*150.00

Principal Place of Business 255 SOUTH ORANGE AVENUE SUITE 800 ORLANDO FL 32801 US			Mailing Address 255 SOUTH ORANGE AVENUE SUITE 800 ORLANDO FL 32801 US				E HARAFAN AN ANAN MANA MANA MANA MANA		OMAN JUDU BATU MBAT	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.  City & State			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
			City & State				50 10 10033		Applied For Not Applicable	
Σιμ		Country	Zip		Country		5. Certificate of Status Desired	\$8.75 Fee Rec	Additional	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent				
	IN, DOUGLA				Na		· · · · · · · · · · · · · · · · · · ·			
SUITE 8	JTH ORANG	ie avenue	Silver Address (			et Address (P.	(P.O. Box Number is Not Acceptable)			
	00 PL 32801		City							
8. The above the obliga	e named entit ations of regist	y submits this statement for ered agent.	the purpose	of changing its			d agent, or both, in the State of Florida. I a	m familiar w	ith, and accept	
SIGNATURE		or printed name of registered agent a					,			
12-			по обе п аррисари	e. (NOIE	:: Registered Agent :	signature required wh	hen reinstating) DATE			
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State							Election Campaign Financing     Trust Fund Contribution.	□ <b>\$5</b>	5.00 May Be ded to Fees	
TITLE	OFFICERS AND DIRECTORS 11.						ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
NAME STREET ADDRESS City-St-Zip	SMITH, W. KELLY 255 S ORANGE AVE, STE 800 ORLANDO FL		NAME STREET ADDRE	ss						
TITLE NAME	S SMITH, W.			□ Delete	TITLE			☐ Chang	e Addition	

STREET ADDRESS 255 S ORANGE AVE, STE 800 STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition BOWDOIN, DOUGLAS NAME STREET ADDRESS 255 S ORANGE AVE, STE 800 STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Сhange ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 indicated and that my signature shall have the same legal effect as if made under oath; that I am an officer or director changed or on an attachment with an address with a other like empowered.

SIGNATURE:

NURWO Kelly Smith OF SISNING OFFICER OR DIRECTOR

1/7/03

(407) 843-7300

Date

Daytime Phone #