

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90005 019 \*\*\*\*50.00

**DOCUMENT # L01000009204**

1. Entity Name

**MADDOX SMYE LLC**

Principal Place of Business

**700 SOUTH FEDERAL HWY  
 SUITE 200  
 BOCA RATON FL 33432**

Mailing Address

**700 SOUTH FEDERAL HWY  
 SUITE 200  
 BOCA RATON FL 33432**

2. Principal Place of Business

**300 5th Ave South**

Suite, Apt. #, etc.

**Box 420 - Suite 101**

City & State

**NAPLES, Florida**

Zip

**34102**

Country

**USA**

3. Mailing Address

**300 5th Ave South**

Suite, Apt. #, etc.

**Box 420 - Suite 101**

City & State

**NAPLES, Florida**

Zip

**34102**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**02-0533094**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**GARELLEK, STEVEN  
 700 SOUTH FEDERAL HIGHWAY  
 SUITE 200  
 BOCA RATON FL 33432**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM  
 SMYE, MARTI  
 700 SOUTH FEDERAL HWY  
 BOCA RATON FL 33432** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM  
 MADDOX, REBECCA  
 700 SOUTH FEDERAL HWY  
 BOCA RATON FL 33432** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**300 5th Ave South Box 420 Suite 101  
 NAPLES, Florida 34102** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**300 5th Ave South Box 420 Suite 101  
 NAPLES, Florida 34102** ☐ Change ☐ Addition

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

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

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☐ Change ☐ Addition

TITLE  
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 CITY-ST-ZIP  
☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)