# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

9/26/2003-90004-004-$50.00-$50.00

FILED

03 NOV -6 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000027291

1. Entity Name

SPAETH-SMITH, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 1561 ROYAL FOREST LOOP<br>LAKELAND FL 33811 | 1561 ROYAL FOREST LOOP<br>LAKELAND FL 33811 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 601 ROSSEVELT BLVD | P.O. BOX 369 |
| Suite, Apt. #, etc. Roosevelt | Suite, Apt. #, etc. |
| City & State TARPON SPRINGS FL | City & State TARPON SPRINGS, FL |
| Zip 34689 Country USA | Zip 34688 Country USA |

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 54-2083704 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| ~~SPAETH, EDWARD H~~<br>~~1561 ROYAL FOREST LOOP~~<br>LAKELAND FL 33811 | Name EDWARD H. SPAETH<br>~~Street Address (P.O. Box Number is Not Acceptable)~~<br>5328 MACOSO CT.<br>City NEW PORT RICHEY FL Zip Code 34655 |

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 9-22-03
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 Florida Department of State**
**Due By September 24, 2003**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MANAGING PARTNER / OWNER<br>EDWARD H. SPAETH<br>5328 MACOSO CT.<br>NEW PORT RICHEY, FL 34655 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PARTNER / OWNER<br>WALTER A. SMITH<br>1428 BRIARWOOD LN.<br>LAKELAND, FL 33803 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME FOR REINSTATEMENT / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E083 (4/03)

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] E REQUIRED 9-22-03 727-372-8338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #