

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000035161

1. Entity Name

SMITH, SAUER & DEMARIA, P.L.C.



FILED

03 APR 28 AM 8:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

510 East Zaragoza Street

Suite, Apt. #, etc.

3. Mailing Address

510 East Zaragoza Street

Suite, Apt. #, etc.

City & State

Pensacola, Florida

City & State

Pensacola, Florida

Zip

32501

Country

USA

Zip

32501

Country

USA

4. FEI Number

27-0047304

☒

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

Name
G. Thomas Smith

Street Address (P.O. Box Number is Not Acceptable)

510 East Zaragoza Street

City

Pensacola

FL

Zip Code
32501

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, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
G. Thomas Smith
510 East Zaragoza Street
Pensacola, FL 32501

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500017205695
04/28/03--01099--002 **50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
Kathleen K. DeMaria
510 East Zaragoza Street
Pensacola, FL 32501

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
Jeffrey T. Sauer
510 East Zaragoza Street
Pensacola, FL 32501

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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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: *G. Thomas Smith*

G. Thomas Smith, Managing Mbr. 2/19/03

850-434-2761

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

Date

Daytime Phone #

CR2E0836 (12/02)