

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L05023

1. Entity Name

SMITH LIQUIDATING, INC.

Principal Place of Business

4460 107TH CIRCLE NORTH  
CLEARWATER FL 34622  
US

Mailing Address

4460 107TH CIRCLE NORTH  
CLEARWATER FL 33762-5028  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2962740

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAREY, MICHAEL R  
CAREY, O'MALLEY, WHITAKER & MANSON  
712 S. OREGON AVENUE  
TAMPA FL 33606

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DP  
BLOUGH, ARTHUR L  
4460-107TH CIR. NO.  
CLEARWATER FL 34622

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DVP  
SMITH, RAYMOND P III  
4460-107TH CIR. NO.  
CLEARWATER FL 34622

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TS  
SMITH, G. THOMAS  
4460-107TH CIR. NO.  
CLEARWATER FL 34622

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAYMOND P. SMITH

4/25/00

Date

727/573-5440

Daytime Phone #

CR05034 10/00