

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90055 046 ***150.00

AV

DOCUMENT # L09063
 1. Entity Name
SMATHERS & KEMP, P.A.

Principal Place of Business 612 N THORNTON AVE ORLANDO FL 32803 US	Mailing Address 612 N THORNTON AVE ORLANDO FL 32803 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 669 E. Hwy. 50 Suite, Apt. #, etc.	3. Mailing Address 669 E. Hwy. 50 Suite, Apt. #, etc.
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City & State CLERMONT, FL Zip 34711 Country USA	City & State CLERMONT, FL Zip 34711 Country USA	4. FEI Number 59-2978321 Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent KEMP, E. DAVID 609 N HYER AVE ORLANDO FL 32803	7. Name and Address of New Registered Agent Name: E. DAVID KEMP Street Address (P.O. Box Number is Not Acceptable) 669 E. Highway 50 City: CLERMONT FL Zip Code: 34711
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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: E. David Kemp (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. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEMP, E. DAVID 140 N. ORLANDO AVE #220 WINTER PARK FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD E. DAVID KEMP 669 E. Hwy. 50 CLERMONT, FL 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED E. DAVID KEMP Date: 1/22/02 Daytime Phone #: 352-243-0661

CR2E034 (9/01)