

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-10-2002 90055 046 ***150.00

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

2. Principal Place of Business

669 E. Hwy. 50
 Suite, Apt. #, etc.

3. Mailing Address

669 E. Hwy. 50
 Suite, Apt. #, etc.

City & State

CLERMONT, FL

City & State

CLERMONT, FL

4. FEI Number

59-2978321

Applied For

Not Applicable

Zip

34711

Country

USA

Zip

34711

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

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

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

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, 2002 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

TITLE PD
 NAME KEMP, E. DAVID ☐ Delete
 STREET ADDRESS 140 N. ORLANDO AVE #220
 CITY-ST-ZIP WINTER PARK FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
 NAME E. DAVID KEMP
 STREET ADDRESS 669 E. Hwy. 50
 CITY-ST-ZIP CLERMONT, FL 34711

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

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

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

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

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

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:

E. David Kemp
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 352-243-0661
 Date Daytime Phone #

CR2E034 (9/01)