

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L09392**

1. Entity Name

**A.G. SMITH AND ASSOCIATES, INC.**

Principal Place of Business

**C/O ARNOLD G. SMITH  
2699 SEVILLE BLVD., SUITE 703  
CLEARWATER FL 34620**

Mailing Address

**C/O ARNOLD G. SMITH  
2699 SEVILLE BLVD., SUITE 703  
CLEARWATER FL 34620**

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

**59-2963645**

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

**LECHNER, BERNARD  
2115 RANGE ROAD  
CLEARWATER FL 33765**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **PSTD**  
STREET ADDRESS **SMITH, MARY CLAUDIA**  
CITY-ST-ZIP **2699 SEVILLE BOULEVARD, SUITE 703**  
**CLEARWATER FL 33764**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **000037375170**  
CITY-ST-ZIP **05/27/04--01050--004 \*\*150.00**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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:

**MARY CLAUDIA SMITH**  
*Mary Claudia Smith*

**5-8-04**

Date

**(727) 796-0615**

Daytime Phone #

**FILED**

**04 MAY 18 PM 5:55**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

*04*

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CR2E034 (9/01)