

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90217 042 ****50.00

DOCUMENT # L980000000002

1. Entity Name
SMITH & SAWYER, L.L.C.

Principal Place of Business

**634 OCEAN ROAD
 VERO BEACH FL 32963**

Mailing Address

**634 OCEAN ROAD
 VERO BEACH FL 32963**

2. Principal Place of Business

295 COCONUT PALM ROAD

Suite, Apt. #, etc.

3. Mailing Address

295 COCONUT PALM ROAD

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

City & State

VERO BEACH, FL

Zip

Country

32963 USA

Zip

Country

32963 USA

4. FEI Number

65-0807962

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, ROBERT L
 634 OCEAN ROAD
 VERO BEACH FL 32963**

7. Name and Address of New Registered Agent

Name

PATRICIA L. SAWYER

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

295 COCONUT PALM ROAD

City

VERO BEACH

FL

Zip Code

32963

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

Robert L. Smith 4-28-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **SMITH, ROBERT L**
 STREET ADDRESS **634 OCEAN ROAD**
 CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE **MGR** ☐ Delete
 NAME **SAWYER, PATRICIA L**
 STREET ADDRESS **634 OCEAN ROAD**
 CITY-ST-ZIP **VERO BEACH FL 32963**

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

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☒ Addition
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 CITY-ST-ZIP

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

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:

Robert L. Smith REQUIRED 4-28-02 772-234-0602

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

Date

Daytime Phone #

CR2E083 (9/01)