2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 MAY -5 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000000414

1. Entity Name

HUMPHREY AND SMITH, L.C.

Principal Place of Business	Mailing Address
SUITE 408. SANTA ROSA EXECUTIVE PLAZA 151 MARY ESTHER BOULEVARD MARY ESTHER FL 32549	SUITE 408. SANTA ROSA EXECUTIVE PLAZA 151 MARY ESTHER BOULEVARD MARY ESTHER FL 32569-1972

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2nd Floor - Regions Bank Building	2nd Floor - Regions Bank Bldg
Suite, Apt. #, etc. 400 NW Racetrack Rd.	Suite, Apt. #, etc. 400 NW Racetrack Rd.
City & State Fort Walton Beach, FL	City & State Fort Walton Beach, FL
Zip / Country 32547 / U.S.A	Zip / Country 32547 /

4. FEI Number 59-3508654 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, ERIC R
140 TIMBER COURT
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name: Eric R. Smith

Street Address (P.O. Box Number is Not Acceptable): 281 Vinings Way Blvd #1301

City: Destin **FL** Zip Code: 32541

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: Eric R. Smith 5/3/2000
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

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SMITH, ERIC R 140 TIMBER COURT DESTIN FL 32541	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Smith, Eric R. 281 Vinings Way Blvd #1301 Destin, FL 32541
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100003275411--0 -06/02/00--01090--022 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: SIGNATURE REQUIRED 5/3/2000 (850) 301-3555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

CR2E043 (1/00)