

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000414

1. Entity Name
HUMPHREY AND SMITH, L.C.

Principal Place of Business
2ND FLOOR- REGIONS BANK BUILDING
400 NW RACETRACK RD.
FORT WALTON BEACH FL 32547

Mailing Address
2ND FLOOR- REGIONS BANK BUILDING
400 NW RACETRACK RD.
FORT WALTON BEACH FL 32547

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 59-3508654

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, ERIC R
281 VININGS WAY BLVD., SUITE 1301
DESTIN FL 32541

Name
Humphrey, Walter H.
Street Address (P.O. Box Number is Not Acceptable)
20 Rue Le Roi N.E.
~~Fort Walton Beach, FL 32547~~
City Fort Walton Beach FL Zip Code 32547

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  Walter H. Humphrey Owner 01/10/01
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME SMITH, ERIC R ☒ Delete
STREET ADDRESS 281 VININGS WAY BLVD., SUITE 1301
CITY-ST-ZIP DESTIN FL 32541

TITLE Owner ☒ Change ☐ Addition
NAME Humphrey, Walter H.
STREET ADDRESS 20 Rue Le Roi N.E.
CITY-ST-ZIP Fort Walton Beach, FL 32547

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
STREET ADDRESS
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:  Walter H. Humphrey Owner 01/10/01 850-862-0766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

FILED
01 JAN 12 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (11/00)