

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90031 017 \*\*\*\*50.00

**DOCUMENT # L98000001628**

1. Entity Name  
**SMITH EQUIPMENT, L.L.C.**

Principal Place of Business

**8030 US HWY 98 NORTH  
 LAKELAND FL 33809**

Mailing Address

**8030 US HWY 98 NORTH  
 LAKELAND FL 33809**

2. Principal Place of Business

**2400 S. Federal Hwy**

Suite, Apt. #, etc.  
**220**

City & State  
**Stuart, FL**

Zip  
**34994**

Country  
**US**

3. Mailing Address

**2400 S. Federal Hwy.**

Suite, Apt. #, etc.  
**220**

City & State  
**Stuart, FL**

Zip  
**34994**

Country  
**US**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0860057**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SMITH, STEPHEN W  
 1200 WESTON ROAD  
 2ND FLOOR  
 WESTON FL 33326**

7. Name and Address of New Registered Agent

Name **Smith, Stephen W.**

Street Address (P.O. Box Number is Not Acceptable)  
**2400 S. Federal Hwy, Ste. 220**

City **Stuart** **FL** Zip Code **34994**

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 \_\_\_\_\_ (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 **MGRM** ☐ Delete  
 NAME **SMITH, STEPHEN W**  
 STREET ADDRESS **1200 WESTON ROAD, 2ND FLOOR**  
 CITY-ST-ZIP **WESTON FL 33326**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition  
 NAME **Smith, Stephen W.**  
 STREET ADDRESS **2400 S. Federal Hwy, Ste. 220**  
 CITY-ST-ZIP **Stuart, FL 34994**

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

TITLE ☐ Change ☐ Addition  
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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: **Stephen W. Smith** 4/1/02 (772) 223-0037

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

Date

Daytime Phone #

CR2E083 (9/01)