

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

0617893

DOCUMENT # M55343

1. Entity Name
COLL DAVIDSON SMITH SALTER & BARKETT, PROFESSIONAL ASS.

06-04-2001 90013 023 ***550.00

Principal Place of Business Mailing Address
C/O VANCE E. SALTER **C/O VANCE E. SALTER**
3200 MIAM CENTER. 201 S. BISCAYNE BLVD. **3200 MIAM CENTER. 201 S. BISCAYNE BLVD.**
MIAMI FL 33131-2312 **MIAMI FL 33131-2312**
US **US**

2. Principal Place of Business 3. Mailing Address
C/O RICHARD SMITH **C/O RICHARD SMITH**
Suite, Apt. #, etc. 201 South **Suite, Apt. #, etc.**
2400 MIAMI CTR., Biscayne **2400 MIAMI CENTER**
Blvd. **201 S. Biscayne Blvd.**
MIAMI FL **MIAMI FL 33131**
US **US**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2819139** 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
SALTER, VANCE E. **RICHARD C. SMITH**
201 S. BISCAYNE BLVD. **2400 MIAMI CENTER**
3200 MIAMI CENTER **201 S. BISCAYNE BLVD**
MIAMI FL 33131 **MIAMI FL 33131**

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 *Richard C. Smith* **JAN. 23, 2001**
 Signature, typed or printed name of registered agent and title if applicable. (NOT 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, 2001 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 2001	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLL, NORMAN A.	NAME	
STREET ADDRESS	201 S BISCAYNE BL #3200	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, BARRY R.	NAME	
STREET ADDRESS	201 S BISCAYNE BL #3200	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, RICHARD C.	NAME	
STREET ADDRESS	201 S BISCAYNE BL #3200	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALTER, VANCE E.	NAME	
STREET ADDRESS	201 S BISCAYNE BL #3200	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARKETT, JOHN M.	NAME	STD
STREET ADDRESS	201 S BISCAYNE BL #3200	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 empowers.

SIGNATURE: *John M. Barkett* **John M. Barkett** **5/21/01** **305 960-6931**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)