

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-13-2002 90118 015 ***150.00

DOCUMENT # M96059

1. Entity Name

SMITH AVIATION, INC.

Principal Place of Business

% JAMES J. ROWAN
P.O. DRAWER "I"
ST. PETERSBURG FL 33731

Mailing Address

% JAMES J. ROWAN
P.O. DRAWER "I"
ST. PETERSBURG FL 33731

2. Principal Place of Business

c/o Smith Industries, Inc.

Suite, Apt. #, etc.
4460 107th Cir. N.

City & State
Clearwater, FL

Zip Country
33762 USA

3. Mailing Address

c/o Smith Industries, Inc.

Suite, Apt. #, etc.
4460 107th Cir. N.

City & State
Clearwater, FL

Zip Country
33762 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2905936

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ROWAN, JAMES J.
300 FIRST AVE. SOUTH, SUITE 401
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name
Raymond P. Smith, III
 Street Address (P.O. Box Number is Not Acceptable)
4460 107th Cir. N.
 City
Clearwater FL Zip Code
33762

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

Raymond P. Smith, III

4/24/02 DATE

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, RAYMOND P., III 1851 BAYVIEW DRIVE TERRA VERDE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DONALDSON, ROBERT A 12000 31ST COURT N SAINT PETERSBURG FL 33716	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond P. Smith, III

Date

4/24/02 Daytime Phone # **725/523-5440**

Daytime Phone #

CR2E034 (9/01)