

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # M970000000003

1. Entity Name
THE SMITH FAMILY COMPANY, L.L.C.

FILED

01 FEB -7 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
7128 DEVONSHIRE ROAD
ALEXANDRIA VA 22307

Mailing Address
7128 DEVONSHIRE ROAD
ALEXANDRIA VA 22307

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
54-1827073

Applied For
Not Applicable

Zip

Country

Zip

Country

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

SPIVEY, DRUCILLA
2205 ASHLEY COURT
FERNANDINA BEACH FL 32034

Name E. Madeline Smith
Street Address (P.O. Box Number is Not Acceptable)
2726 New Market Circle
City TALLAHASSEE FL Zip Code 32308

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 *E. Madeline Smith* 1-27-01
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 MGR
STREET ADDRESS SMITH, PHILLIP D
CITY-ST-ZIP 7128 DEVONSHIRE ROAD
ALEXANDRIA VA 22307

TITLE NAME
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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: *[Signature]* 1-16-02 703 660-9053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)