

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001535

1. Entity Name

SMITH AND RADIGAN, CPA, LLC

FILED

01 JUL 20 AM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

780 JOHNSON FERRY ROAD  
SUITE 600  
ATLANTA, GA 30342-1434

2. Principal Place of Business

3. Mailing Address

SAME

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2359481

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

SMITH & RADIGAN, CPA LLC

Street Address (P.O. Box Number is Not Acceptable)

3040 GARDEN BAY BLVD 282

C/O TIMOTHY P RADIGAN

City

SARASOTA

FL

Zip Code

34228

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]*

TIMOTHY P RADIGAN

6/6/01

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 MEMBER ☐ Delete  
NAME R. SCOTT THURMAN  
STREET ADDRESS 780 JOHNSON FERRY ROAD  
CITY-ST-ZIP ATLANTA, GA 30342

TITLE MEMBER ☐ Delete  
NAME TIMOTHY P RADIGAN  
STREET ADDRESS 780 JOHNSON FERRY ROAD  
CITY-ST-ZIP ATLANTA, GA 30342

TITLE MEMBER ☐ Delete  
NAME HENRY BAYARD  
STREET ADDRESS 780 JOHNSON FERRY ROAD  
CITY-ST-ZIP ATLANTA, GA 30342

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME 600004452506--5  
STREET ADDRESS -07/02/01--01008--002  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

TITLE ☐ Change ☐ Addition  
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:

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

Date

Daytime Phone #

6/6/01 404-258-2222

CR2E083 (11/00)