

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90157 011 ***150.00

DOCUMENT # P00000021419



1. Entity Name
STUART M. SMITH, P.A.

Principal Place of Business
**633 SE 3RD AVE
STE 4-F
FT. LAUDERDALE FL 33301**

Mailing Address
**P.O. BOX 2002
FT. LAUDERDALE FL 33303**



2. Principal Place of Business
633 S.E. 3rd Avenue

3. Mailing Address

Suite, Apt. #, etc.
Suite 301

Suite, Apt. #, etc.

City & State
Fort Lauderdale, FL

City & State

4. FEI Number **65-0986172**

Applied For
Not Applicable

Zip
33301

Country
USA

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, STUART H ESQ
633 SE 3RD AVENUE
STE 4-F
FORT LAUDERDALE FL 33301**

Name **Stuart M. Smith, Esq.**
Street Address (P.O. Box Number is Not Acceptable)
633 S.E. 3rd Avenue / St. 301
City **Fort Lauderdale** FL Zip Code **33301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Stuart M. Smith*

(NOTE: Registered Agent signature required when reinstating)

DATE **2/13/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, STUART M ESQ 633 SE THIRD AVE. - SUITE 301 FORT LAUDERDALE FL 33301 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stuart M. Smith, President/Director*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **2/13/03** DAYTIME PHONE # **954 761-1900**

CR2E034 (10/02)