

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

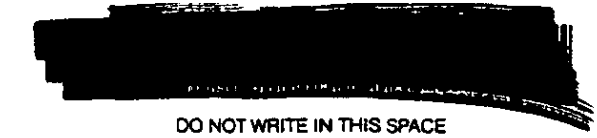
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**DOCUMENT #** P00561  
**Entity Name** Paul R Smith Underwriting Inc

**Principal Place of Business** 10451 Gulf Blvd  
 Treasure Island, FL 33706  
**Mailing Address** PO Box 67008  
 Treasure Island, FL 33736

**Principal Place of Business** Suite, Apt. #, etc.  
**3. Mailing Address** Suite, Apt. #, etc.

**City & State**  
**Zip** **Country**



**4. FEI Number** 59-1537536  
**Applied For**   
**Not Applied For**   
**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 Gregory, William P  
 715 Swann Avenue  
 Tampa, FL 33606

**7. Name and Address of New Registered Agent**  
**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**City** **FL** **Zip Code**

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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

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

| OFFICERS AND DIRECTORS   |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---------------------------------|---|--|
| PSD<br>Smith, Paul R<br>10451 Gulf Blvd<br>Treasure Island, FL 33706 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| AS<br>Gregory, William P<br>715 Swann Avenue<br>Tamp, FL 33606       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add |
|  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add |
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|  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Add |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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 changed, or on an attachment with an address, with all other duly empowered.

**SIGNATURE:** *Paul R Smith*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 28 / 00*