

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90136 021 \*\*\*158.75

**DOCUMENT # P01000010424**  
 1. Entity Name  
**DOUGLAS F. SMITH, P.A.**

Principal Place of Business <b>10318 SOUTHWEST 145 COURT MIAMI FL 33186</b>	Mailing Address <b>10318 SOUTHWEST 145 COURT MIAMI FL 33186</b>
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2. Principal Place of Business <b>4780 Cresthaven Blvd.</b>	3. Mailing Address <b>4780 Cresthaven Blvd.</b>
Suite, Apt. #, etc. <b>B</b>	Suite, Apt. #, etc. <b>B</b>

DO NOT WRITE IN THIS SPACE

City & State <b>West Palm Beach, Florida</b>	City & State <b>West Palm Beach, Florida</b>	4. FEI Number <b>65-1081892</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33145</b>	Country	Zip <b>33145</b>	Country
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>SMITH, DOUGLAS F</b> <b>10318 SOUTHWEST 145 COURT</b> <b>MIAMI FL 33186</b>		Name Street Address (P.O. Box Number is Not Acceptable) <b>4780 Cresthaven Blvd.</b> Apt. B City <b>West Palm Beach</b> <b>FL</b> Zip Code <b>33145</b>	

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: *Douglas F. Smith* **April 4, 2002**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME P. D. Douglas F. Smith <input type="checkbox"/> Delete	STREET ADDRESS 4780 Cresthaven Blvd., Apt. B	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP West Palm Beach, FL 33145		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Douglas F. Smith* **April 4, 2002** **305-596-1134, Ext. 144**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #