

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
10318 SOUTHWEST 145 COURT
MIAMI FL 33186

Mailing Address
10318 SOUTHWEST 145 COURT
MIAMI FL 33186



2. Principal Place of Business
4780 Cresthaven Blvd.

3. Mailing Address
4780 Cresthaven Blvd.

Suite, Apt. #, etc.

B

Suite, Apt. #, etc.

B

DO NOT WRITE IN THIS SPACE

City & State
West Palm Beach, Florida

City & State
West Palm Beach, Florida

4. FEI Number
65-1081892

Applied For
 Not Applicable

Zip
33145

Country

Zip
33145

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, DOUGLAS F
10318 SOUTHWEST 145 COURT
MIAMI FL 33186

Name

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

4780 Cresthaven Blvd.

Apt. B

City

West Palm Beach

FL

Zip Code **33145**

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) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P. D. Douglas F. Smith ☐ Delete
4780 Cresthaven Blvd., Apt. B
West Palm Beach, FL 33145

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Delete

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

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 #