

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91733 022 ***550.00

DOCUMENT # P01000022513

1. Entity Name

SMOOT, ADAMS, EDWARDS, DORAGH & BRINSON, P.A.

Principal Place of Business

**4415 METRO PARKWAY
 SUITE 325
 FORT MYERS FL 33916**

Mailing Address

**4415 METRO PARKWAY
 SUITE 325
 FORT MYERS FL 33916**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1081984

Applied For

Not Applicable

Zip

Country

Zip

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

**DORAGH, PETE
 12800 UNIVERSITY DRIVE
 SUITE 600
 FORT MYERS FL 33907**

Name

PETE DORAGH

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

4415 METRO PKWY, SUITE 325

City

FORT MYERS

FL

Zip Code

33916

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, 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 **D** ☒ Delete
 NAME **SMOOT, J. THOMAS JR.**
 STREET ADDRESS **12800 UNIVERSITY DRIVE, SUITE 600**
 CITY-ST-ZIP **FORT MYERS FL 33907**

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

TITLE **D** ☐ Delete
 NAME **EDWARDS, CHARLES B**
 STREET ADDRESS **12800 UNIVERSITY DRIVE, SUITE 600**
 CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE **D, P** ☒ Change ☐ Addition
 NAME **CHARLES B. EDWARDS**
 STREET ADDRESS **4415 METRO PKWY, SUITE 325**
 CITY-ST-ZIP **FORT MYERS, FL 33916**

TITLE **D** ☐ Delete
 NAME **DORAGH, PETE**
 STREET ADDRESS **12800 UNIVERSITY DRIVE, SUITE 600**
 CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE **D, VP, S** ☒ Change ☐ Addition
 NAME **PETE DORAGH**
 STREET ADDRESS **4415 METRO PKWY, SUITE 325**
 CITY-ST-ZIP **FORT MYERS, FL 33916**

TITLE **D** ☐ Delete
 NAME **ADAMS, W. HAL**
 STREET ADDRESS **12800 UNIVERSITY DRIVE, SUITE 600**
 CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE **D, VP** ☒ Change ☐ Addition
 NAME **W. HAL ADAMS**
 STREET ADDRESS **4415 METRO PKWY, SUITE 325**
 CITY-ST-ZIP **FORT MYERS, FL 33916**

TITLE **D** ☒ Delete
 NAME **GARNER, JAMES F III**
 STREET ADDRESS **12800 UNIVERSITY DRIVE, SUITE 600**
 CITY-ST-ZIP **FORT MYERS FL 33907**

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

TITLE **D** ☐ Delete
 NAME **BRINSON, MELVILLE G III**
 STREET ADDRESS **12800 UNIVERSITY DRIVE, SUITE 600**
 CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE **D, VP, T** ☒ Change ☐ Addition
 NAME **MELVILLE G BRINSON, III**
 STREET ADDRESS **4415 METRO PKWY, SUITE 325**
 CITY-ST-ZIP **FORT MYERS, FL 33916**

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:

SIGNATURE REQUIRED

Date

Daytime Phone #

4/27/02 941-489-1776

CR2E034 (9/01)