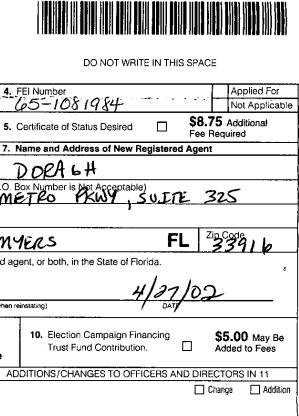
2002 UNIFORM BUSINESS REPORT (UBR) P01000022513 DOCUMENT # 1. Entity Name SMOOT, ADAMS, EDWARDS, DORAGH & BRINSON, P.A. Principal Place of Business Mailing Address 4415 METRO PARKWAY 4415 METRO PARKWAY SUITE 325 **SUITE 325** FORT MYERS FL 33916 FORT MYERS FL 33916 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ñ 4. FEI Number 65-1081984 Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DORAGH, PETE 12800 UNIVERSITY DRIVE **SUITE 600** FORT MYERS FL 33907 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 nd title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00

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

05-28-2002 91733 022 ***550.00



(See criteria on back)		Make Check Payable to Department of State		Trust Fund	d Contribution.	Adde	d to Fees		
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						1
TITLE	D	Delete	TITLE			·	☐ Change	☐ Addition	18
NAME	SMOOT, J. THOMAS JR.		NAME						9
STREET ADDRESS	12800 UNIVERSITY DRIVE, SUITE 6	00	STREET ADDRESS			•			E034
CITY-ST-ZIP	FORT MYERS FL 33907	•	CITY-ST-ZIP						IN
TITLE	D	☐ Delete	TITLE	D, P	CHARLES	B. EDWAR	Change	☐ Addition	15
NAME	EDWARDS, CHARLES B		NAME			KWY, SUE1			İ
STREET ADDRESS	12800 UNIVERSITY DRIVE, SUITE 6	00	STREET ADDRESS	1		•			
CITY-ST-ZIP	FORT MYERS FL 33907		CITY-ST-ZIP	FORT	MYERS	, FL 33	916		
TITLE	D	☐ Delete	TITLÉ	D. VP.	s pe	DORAG	H 🔽 Change	☐ Addition	
NAME	Doragh, Pete		NAME		METON A	WY, SUFT	£325		
STREET ADDRESS	12800 UNIVERSITY DRIVE, SUITE 6	00	STREET ADDRESS	14413 1	helko ki	JU 1,00 + 1.			1
CITY-ST-ZIP	FORT MYERS FL 33907		CITY-ST-ZIP	HOU	myees.	FL: 339	16		}
TITLE	D	☐ Delete	TITLE	D, VP	W. HA	2 ADAMS	Change	☐ Addition	}
NAME	ADAMS, W. HAL		NAME	4415	METER PL	NEUS YWS	5 275		Į
STREET ADDRESS	12800 UNIVERSITY DRIVE, SUITE 6	00	STREET ADDRESS	1		1			
CITY-ST-ZIP	FORT MYERS FL 33907		CITY-ST-ZIP	FORT	MYERS	FL 3391	b		ļ
TITLE	D	⊠ Delete	TITLE		,		Change	☐ Addition	
NAME	GARNER, JAMES F III		NAME						1
STREET ADDRESS	12800 UNIVERSITY DRIVE, SUITE 6	00	STREET ADDRESS					ĺ	ĺ
CITY-ST-ZIP	FORT MYERS FL 33907		CITY-ST-ZIP						l
TITLE	D	☐ Delete	TITLE	D, VY, 1			🔀 Change	☐ Addition	i
NAME	BRINSON, MELVILLE G III		NAME	MELUZ	BE BY BR	CHSON, IT			l
STREET ADDRESS	12800 UNIVERSITY DRIVE, SUITE 60	00	STREET ADDRESS	4415 1	111110 P	LAUY, SUZZIT	E \$25		i
CITY-ST-ZIP	FORT MYERS FL 33907		CITY-ST-ZIP	FORT	MYERS	尼 3391	9		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/02 941-489-177 Daytime Phone *