## 2002 UNIFORM BUSINESS REPORT (UBR)

## P01000042785 DOCUMENT #

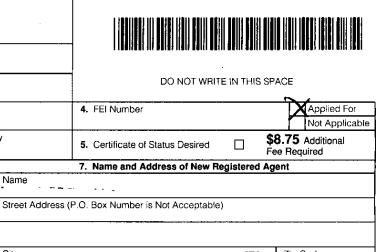
1. Entity Name

STAN SMITH & COMPANY, INC.

Principal Place of Business Mailing Address PO BOX 6171 PO BOX 6171 JENSEN BEACH FL 34957 JENSEN BEACH FL 34957 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

## FILED Sep 16, 2002 8:00 am Secretary of State

09-16-2002 90107 006 \*\*\*150.00



3.	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. I am fam	niliar with,	and accept
	the obligations of registered agent.		

City

(NOTE: Registered Agent signature required when reinstating)

Country

SIGNATURE

Zip

HARTMAN, DANIEL W

C/O ARD, SHIRLEY & HARTMAN P.A. 820 E PARK AVE SUITE F200 TALLAHASSEE FL 32301

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

Signature, typed or printed name of registered agent and title if applicable.

6. Name and Address of Current Registered Agent

FILE NOW!!! FEE IS \$550.00

After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

(See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Delete TITLE ☐ Change NAME NAME THOMAS STANLEY SMITH STREET ADDRESS STREET ADDRESS 18,20 N.E. JENSEY BEACH Blud APTGOC CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME STREET, ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP\* CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME 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

SIGNATURE:

Daytime Phone #

STAN SMITH & COMPANY, INC.

P.O. BOX 6171

JENSEN BEACH, FLORIDA 34957

September 10, 2002

Division of Corporations Box 1500 Tallahassee, Florida 32302-1500

Gentlemen:

Please accept my Uniform Business Report, Document No. P 01000042785, and my check in the amount of \$150.00. Please be advised that I did not receive an earlier form showing that the payment due was \$150.00. Please accept this as payment in full for the report.

Thank you for your kind consideration.

Sincerely,

T. Stanley Smith

STAN SMITH & COMPANY, INC.