

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000042785****1. Entity Name**
STAN SMITH & COMPANY, INC.**FILED**
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90107 006 ***150.00

Principal Place of Business**PO BOX 6171**
JENSEN BEACH FL 34957**Mailing Address****PO BOX 6171**
JENSEN BEACH FL 34957**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number☒ **Applied For**
☐ **Not Applicable****5. Certificate of Status Desired**☐ **\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****HARTMAN, DANIEL W**
C/O ARD, SHIRLEY & HARTMAN P.A.
820 E PARK AVE SUITE F200
TALLAHASSEE FL 32301**7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.**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 \$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**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> 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:****STANLEY SMITH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

STAN SMITH & COMPANY, INC.

Attachment
Doc. # P01000042785
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

**T. Stanley Smith
STAN SMITH & COMPANY, INC.**