

2002 UNIFORM BUSINESS REPORT (UBR)

0105652 AV

DOCUMENT # P01000049633

FILED

1. Entity Name
E.J. SMITH, INC.

02 JUL 30 AM 8:55

Principal Place of Business

40 FOXFIRE LANE
OLDSMAR FL 34677

Mailing Address

40 FOXFIRE LANE
OLDSMAR FL 34677

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2557 NURSERY Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER, FL.

4. FEI Number

59-3727005

Applied For

Not Applicable

Zip

Country

33764

Country

USA

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, EDWARD J
2557 NURSERY RD STE 2D
CLEARWATER FL 33764

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 Delete
NAME DPST
STREET ADDRESS SMITH, EDWARD J
CITY-ST-ZIP 40 FOXFIRE LANE
OLDSMAR FL 34677

TITLE Change Addition
NAME 000006881010--0
STREET ADDRESS -08/05/02--01002--028
CITY-ST-ZIP *****150.00 *****150.00

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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)(l), 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, and all other like employment.

SIGNATURE:

Edward J. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)