

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000109614**1. Entity Name
SMITCOM, INC.

FILED

02 OCT 15 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDAPrincipal Place of Business
**5000 COLONIAL DRIVE
TAMPA FL 33690**Mailing Address
**POST OFFICE BOX 14477
TAMPA FL 33690**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable5. 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, B J
5000 COLONIAL DRIVE
TAMPA FL 33690**

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	PRESIDENT BONNIE L SMITH 4210 W. OBISPO ST TAMPA 33629	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BJ SMITH, V. PRES. 4210 W. OBISPO ST TAMPA 33629	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

CR2E034 (4/02)

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-16-2002

Date

Daytime Phone #

748 7762

[Signature]

7/10/15/02

Attachment
#P01000109614
9-16-02

DIV OF CORPORATIONS
TALLAHASSEE, FLORIDA

RE: SMITCOM, INC.

THIS CORPORATION DID NOT RECEIVE "UBR"

IN HAND UNTIL THIS DATE - SEPTEMBER 16, 2002

AND HEREIN ARE FILING SAME IMMEDIATELY.

WE ARE SUBMITTING THE ORIGINAL \$150.00 FEE (PER "QUESTIONS #8")

AS A NEW CORP, WE MAY HAVE TO IMPROVE

OUR MAIL (ADDRESS) SITUATION.

MANY THANKS FOR YOUR UNDERSTANDING

PLEASE CORRECT
YOUR MAILING ADDRESS

FOR US.

MANY THANKS

10-10-02
WE RECEIVED
THIS FROM (WRONG
ADDRESS) TODAY
THANK

B. Smith

SMITCOM INC

P.O. Box 14477

TAMPA, FL. 33690