

DOCUMENT # P01000112704
 1. Entity Name
 ALEXANDER G. SMITH, P.A.

FILED
Sep 10, 2002 8:00 am
Secretary of State
 08-25-2002 90198 012 ***550.00

Principal Place of Business Mailing Address
 2601 UNIVERSITY BLVD W 2601 UNIVERSITY BLVD W
 JACKSONVILLE FL 32217 JACKSONVILLE FL 32217

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number Applied For
 65-1156250 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 SMITH, ALEXANDER G
 2601 UNIVERSITY BLVD W
 JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

I, 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 _____ (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)



10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

1. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Alexander G. Smith 2601 University Blvd. West Jacksonville, FL 32217-2112 <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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Alexander G. Smith 9/4/02 8/20/02 (904) 733-2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

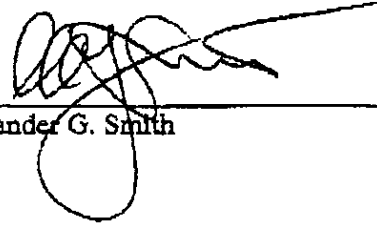
CR3F0311702

Attachment # PD 100012704/4248
FILED

ARTICLES OF INCORPORATION 01 NOV 26 PM 12:05
ALEXANDER G. SMITH, P.A. SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator, Alexander G. Smith, forms a professional services corporation for profit, under Florida law.

1. **Name.** The name of the corporation is Alexander G. Smith, P.A. The principal place of business is 2601 University Boulevard West, Jacksonville, Florida 32217.
2. **Term.** The corporation shall exist perpetually.
3. **Purpose.** The purpose of this corporation is to engage in the practice of law and to exercise all powers and rights now existing or hereafter granted to professional service corporations for profit.
4. **Capital Stock.** The corporation is authorized to issue 1000 shares of common stock with a par value of \$0.10 a share.
5. **Registered Agent and Office.** The registered agent of this corporation is Alexander G. Smith. The Registered Office is 2601 University Boulevard West, Jacksonville, Florida 32217.
6. **Directors.** This corporation shall have one (1) director.
7. **Incorporator.** The name and address of the incorporator is Alexander G. Smith, 2601 University Boulevard West, Jacksonville, Florida 32217.



Alexander G. Smith



Attachment

42408

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

August 27, 2002

ALEXANDER G. SMITH, P.A.
2601 UNIVERSITY BLVD W
JACKSONVILLE, FL 32217

Subject: ALEXANDER G. SMITH, P.A.

Reference Number: P01000112704

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$550.00; however, the report has not been filed and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each officer/director of the corporation.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF
CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA
32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/JN
ANNUAL REPORTS SECTION