


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED

03 OCT -9 AM 10:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0003623  
AV

DOCUMENT # <b>P01000112704</b>			
1. Entity Name <b>ALEXANDER G. SMITH, P.A.</b>			
Principal Place of Business <b>2601 UNIVERSITY BLVD W JACKSONVILLE FL 32217</b>		Mailing Address <b>2601 UNIVERSITY BLVD W JACKSONVILLE FL 32217</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>SMITH, ALEXANDER G 2601 UNIVERSITY BLVD W JACKSONVILLE FL 32217</b>		Name Street Address (P.O. Box Number is Not Acceptable) <b>300023645429</b> 10/08/03--01045--003 **750.00 City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			

  
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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 CHECK HERE IF MAKING CHANGES

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, ALEXANDER G</b>	NAME	
STREET ADDRESS	<b>2601 UNIVERSITY BLVD WEST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32217-2112</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, or in any other file empowered.

SIGNATURE:  **SIGNATURE REQUIRED** **10/7/03** **904-733-2000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)