

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90189 037 ***550.00

DOCUMENT # P02000043128

1. Entity Name

Debs, Smith & Kocijan, P.A.



DO NOT WRITE IN THIS SPACE

90138364

2. Principal Place of Business

4887 Belfort Road

3. Mailing Address

Suite, Apt. #, etc.

Suite 103

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

32256

Country

Duval

Zip

Country

4. FEI Number

01-0670478

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Christian F. Smith

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

4887 Belfort Rd, Ste 103

City

Jacksonville

FL

Zip Code

32256

**DO NOT WRITE
IN THIS SPACE**

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 registering)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co. President / Director Christian F. Smith 4887 Belfort Rd, Ste 103 Jacksonville, FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co. President / Director José Debs-Ellías 4887 Belfort Rd, Ste 103 Jacksonville, FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03

Date

(904) 398-5700

Daytime Phone #

CR2E034B (12/02)