

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

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90101 001 \*\*\*150.00

DOCUMENT # P920000014490  
1. Entity Name E. Smith Enterprises, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 1930 N Gsway  
Suite, Apt. #, etc.  
3. Mailing Address 1930 N Gsway  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Hollywood, FL City & State Hollywood, FL 4. FEI Number 650373298 Applied For ☐ Not Applicable  
Zip 33024 Country Broward Zip 33024 Country Broward 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name Elissa M. Smith  
Street Address (P.O. Box Number is Not Acceptable) 1930 N Gsway  
City Hollywood FL Zip Code 33024

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back) January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Elissa M. Smith Pres.</u> <u>1930 N Gsway</u> <u>HL, FL 33024</u>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Elissa Smith Date 3/10/2002 Daytime Phone # 954-968-8552  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)