

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 28, 2003 8:00 am**  
**Secretary of State**

01-28-2003 90074 011 \*\*\*150.00

DOCUMENT # **P94000001496**

1. Entity Name  
**THOMAS S. SMITH, JR., D.D.S., P.A.**



Principal Place of Business  
**2608 PIONEER ROAD  
ORLANDO FL 32808**

Mailing Address  
**2608 PIONEER ROAD  
ORLANDO FL 32808**



2. Principal Place of Business  
**Same**

3. Mailing Address  
**140 Trails End Ln**

Suite, Apt. #, etc.

City & State  
**Cullowhee, N.C.**

Zip  
**28723**

Country  
**USA**

4. FEI Number **59-3213802**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SMITH, THOMAS S JR., DDS  
2608 PIONEER ROAD  
ORLANDO FL 32808**

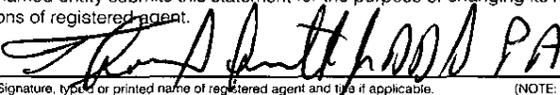
7. Name and Address of New Registered Agent

Name **Same**

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  **Thomas S. Smith Jr. DDS PA** DATE **1-24-03**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SMITH, THOMAS S JR., DDS</b> <b>2608 PIONEER ROAD</b> <b>ORLANDO FL 32808</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE:  **THOMAS S. SMITH JR. DDS PA** DATE **1-24-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # **828-2430322**

CR2E034 (10/02)