2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 24 PM 2:40

55055696

DOCUMENT # P94000006039

1. Entity Name
SMITHPOINTE, INC.

Principal Place of Business	Mailing Address
5110 UNIVERSITY BLVD. W STE A JACKSONVILLE, FL 32216	5110 UNIVERSITY BLVD. W STE A JACKSONVILLE, FL 32216

[redacted]

X CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	2626 CRYSTAL COURT COVE Suite, Apt. #, etc.
City & State	City & State: JACKSONVILLE FL
Zip / Country	Zip: 32224 Country: DUVAL

4. FEI Number 64-0839414 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name: STEWART A. SMITH Street Address (P.O. Box Number is Not Acceptable): 2626 CRYSTAL COURT COVE City: JACKSONVILLE FL Zip Code: 32224

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when changing)

FILE NOW! FEE IS $150.00
After May 1, 2003 Fee will be $400.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SMITH, STEWART A SR. P. O. BOX 1367 N\A MCCOMB, MS 39648	X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100023387852 09/29/03--01023--001 **550.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SMITH, STEWART A JR. P. O. BOX 1367 N\A MCCOMB, MS 39648	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SMITH, AILEEN B P. O. BOX 1367 N\A MCCOMB, MS 39648	X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: [signature] 9/1/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

9/25 AM