

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000024094

1. Entity Name

SMITH, WALKER & ASSOCIATES, INC.

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90051 007 \*\*\*158.75

Principal Place of Business

1861 S. PATRICK DRIVE  
STE 200  
INDIAN HARBOUR BEACH FL 32937

Mailing Address

1861 S. PATRICK DRIVE  
STE 200  
INDIAN HARBOUR BEACH FL 32937-4347

2. Principal Place of Business

3400 GALT OCEAN DRIVE

Suite, Apt. #, etc.

SUITE 2110-S

City & State

FT LAUDERDALE FL

Zip

33308

Country

USA

3. Mailing Address

3400 GALT OCEAN DRIVE

Suite, Apt. #, etc.

SUITE 2110-S

City & State

FT LAUDERDALE FL

Zip

33308

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3233236

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NOBREGA, EDITH M.C.  
1861 S. PATRICK DRIVE  
STE 200  
INDIAN HARBOUR BEACH FL 32937

7. Name and Address of New Registered Agent

Name

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

3400 GALT OCEAN DRIVE SUITE 2110-S

City

FT LAUDERDALE

FL

Zip Code

33308

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

NOBREGA, E.M.C.

4-1-2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)



**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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 **DP** ☐ Delete  
NAME **NOBREGA, EDITH M.C.**  
STREET ADDRESS **1861 S. PATRICK DRIVE, STE 200**  
CITY-ST-ZIP **INDIAN HARBOUR BEACH FL 32937**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition  
NAME **NOBREGA, EDITH M.C.**  
STREET ADDRESS **3400 GALT OCEAN DRIVE SUITE 2110-S**  
CITY-ST-ZIP **FT LAUDERDALE FL 33308**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NOBREGA, EDITH M.C.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-2000 954-646-2638

CR2E034 (9/99)