FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91292 050 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000039294

1. Entity Name
SMITH CONSULTANTS INC.

11023662

Principal Place of Business	Mailing Address
8750 GLADIOLUS DRIVE SUITE 102 FORT MYERS, FL 33908 US	8750 GLADIOLUS DRIVE SUITE 102 FORT MYERS, FL 33908 US

2. Principal Place of Business	3. Mailing Address
15880 SUMMERLIN RD 300	15880 SUMMERLIN RD 300
Suite, Apt. #, etc. 102	Suite, Apt. #, etc. 102
City & State FORT Myers Florida	City & State Fort Myers FLORIDA
Zip 33908 Country LEE	Zip 33908 Country LEE

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0527210 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, DIANE M
8750 GLADIOLUS DRIVE
SUITE 102
FT MYERS, FL 33908

7. Name and Address of New Registered Agent

Name

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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, DIANE M 8750 GLADIOLUS #102 FT MYERS, FL 33908	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BOUTIN, URBAN 8750 GLADIOLUS #102 FT MYERS, FL 33908	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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] URBAN BOUTIN 4-24-03 239-4155346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #