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

P94000084777 DOCUMENT



Apr 11, 2003 8:00 am Secretary of State SMITH HOLDING AND INVESTMENT, INC. Principal Place of Business Mailing Address T000/323 410 TAFT-VINELAND ROAD 410 TAFT-VINELAND ROAD ORLANDO FL 32824 ORLANDO FL 32824 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For City & State City & State 59-3279907 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILMOT, CHRISTOPHER R. Street Address (P.O. Box Number is Not Acceptable) 410 TAFT-VINELAND ROAD ORLANDO FL 32824 City 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 it applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete ☐ Change ☐ Addition TITLE TITLE WILMOT, CHRISTOPHER NAME NAME 1820 KALURNA COURT STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition MCNEAL, HOWARD L. J NAME NAME 796 SILVERWOOD DRIVE STREET ADDRESS STREET ADDRESS LAKE MARY FL CITY-ST-7IP CITY-ST-ZIP ☐ Dēlétē جے جہ TITLE TITLE - - - - Change Addition JORDAN, R.E. II NAME NAME STREET ADDRESS STREET ADDRESS 4 FOXTAIL COURT MECHANICSBURG PA CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE TITLE HETRICK, L.B.S NAME NAME 510 BRENTWATER ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAMP HILL PA CITY-ST-ZIP Delete TITLE Change ■ Addition TITLE LEE, G C NAME NAME STREET ARIDRESS 4835 OAKMONT GREEN STREET ADDRESS CITY-ST-ZIP **MECHANICSBURG PA 17050** CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE 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.

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP