

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90113 047 ***158.75

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DOCUMENT # P94000084777

1. Entity Name
SMITH HOLDING AND INVESTMENT, INC.



Principal Place of Business
**410 TAFT-VINELAND ROAD
ORLANDO FL 32824**

Mailing Address
**410 TAFT-VINELAND ROAD
ORLANDO FL 32824**

10007333



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3279907**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**WILMOT, CHRISTOPHER R.
410 TAFT-VINELAND ROAD
ORLANDO FL 32824**

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 _____ (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	PTD	<input type="checkbox"/> Delete
NAME	WILMOT, CHRISTOPHER	
STREET ADDRESS	1820 KALURNA COURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	MCNEAL, HOWARD L. J	
STREET ADDRESS	796 SILVERWOOD DRIVE	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JORDAN, R.E. II	
STREET ADDRESS	4 FOXTAIL COURT	
CITY-ST-ZIP	MECHANICSBURG PA	
TITLE	D	<input type="checkbox"/> Delete
NAME	HETRICK, L.B.S	
STREET ADDRESS	510 BRENTWATER ROAD	
CITY-ST-ZIP	CAMP HILL PA	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, G C	
STREET ADDRESS	4835 OAKMONT GREEN	
CITY-ST-ZIP	MECHANICSBURG PA 17050	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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 employees.

SIGNATURE: *Christopher R. Wilmot*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/8/03** Daytime Phone #: **(407) 852-9004**

CR2E034 (10/02)