

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90292 015 \*\*\*150.00

**DOCUMENT # P95000027224**

1. Entity Name

**SMALLWOOD, REYNOLDS, STEWART, STEWART & ASSOCIATES OF FLORIDA, INC.**



Principal Place of Business

**100 SOUTH ASHLEY DR.  
SUITE 350  
TAMPA FL 33602**

Mailing Address

**FIVE CONCOURSE PARKWAY  
SUITE 2150  
ATLANTA GA 30328  
US**

11010400



2. Principal Place of Business

3. Mailing Address

**750 Hammond Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Building 12, Suite 100**

City & State

City & State

**Atlanta, Georgia**

4. FEI Number

**59-3304759**

Applied For

Not Applicable

Zip

Country

Zip

Country

**30328**

**USA**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BENNING, MICHAEL F  
100 SOUTH ASHLEY DR.  
SUITE 350  
TAMPA FL 33602**

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 ☐ Delete  
NAME **CD**  
STREET ADDRESS **SMALLWOOD, PHILLIP L**  
CITY-ST-ZIP **3565 PEIDMONT RD, SUITE 303  
ATLANTA GA 30305**

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

TITLE ☐ Delete  
NAME **VSD**  
STREET ADDRESS **REYNOLDS, WILLIAM D**  
CITY-ST-ZIP **3565 PEIDMONT RD, STE. 303  
ATLANTA GA 30305**

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

TITLE ☐ Delete  
NAME **PTD**  
STREET ADDRESS **STEWART, HOWARD H**  
CITY-ST-ZIP **3565 PIEDMONT RD, STE. 303  
ATLANTA GA 30305**

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

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **BENNING, MICHAEL F**  
CITY-ST-ZIP **100 S. ASHLEY DRIVE, STE. 350  
TAMPA FL 33602**

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

TITLE ☒ Delete  
NAME **CD**  
STREET ADDRESS **SMALLWOOD, PHILLIP L**  
CITY-ST-ZIP **ONE PIEDONT CENTER, ATE 303  
ATLANTA GA 30305**

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

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **DUNGAN, JOHN III**  
CITY-ST-ZIP **100 S. ASHLEY DRIVE STW 350  
TAMPA FL 33602**

TITLE ☐ Change ☐ 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 empowered.

SIGNATURE:

*Howard H. Stewart*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Howard H. Stewart, President

April 23, 2003 404-233-5453

Date

Daytime Phone #

CR2E034 (10/02)