2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P96000075216 DOCUMENT #

WILLIAM L. SMALLEY, IV, P.A.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90088 029 ***150.00

Principal Place of Business 7405-B TEMPLE TERRACE HWY SUITE 700 TEMPLE TERRACE FL 33637			Mailing Address 7405-B TEMPLE TERRACE HWY SUITE 700 TEMPLE TERRACE FL 33637							
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2. Principal Place of Business			3. Mailing Address			(BOYN 4011 1406		I IIEIO OIII IEOI	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Number 59-3398757			Applied For Not Applicable	
Zip			Zip Cour		ntry	5. Certificate of Status Desired S8.75 Fee Rec		3.75 Ac	Additional	
	6. Name	and Address of Current	Registered Agent		1	7. Name and Address of New Registered Agent				-
\	-'-				Name					
LATVIŠ, F	PAUL P ESQ					· • • • • • • • • • • • • • • • •				
		RACE HIGHWAY	Street Address			(P.O. Box Number is Not Acceptable)				1
TEMPLE 7	TERRACE FL	. 33637				1*α			 	4
					City		FL	Zip Coo		
8. The above the obliga	e named entity ations of regist	y submits this statement for ered agent.	r the purpose of changing	its register	ed office or registe	red agent, or both, in the State of Flori	da. I am fam	iliar with,	, and accept	1
SIGNATURE										
iai " i	Signatura, typed	or printed name of registered agent a	and title if applicable	OTE: Registere	d Agent signature require	d when reinstating)	DATE		 -	
E V	HE NOW!!	FEE IS \$150.00		13.53.5.8 25.00 - 12.00		AND TO SECURE AND THE SECURE AND	સેલ્ટરિંગ્સમાને સ્ટ્રે અજ્ઞાસકાર	Arranga Wasakata	Advanced con-	4
Afte	May 1, 200	3 Fee will be \$550.00		Tax v		9. Election Campaign Final Trust Fund Contribution.	ncing &	\$5.0	O Máv Re	
Make Chec	k Payable to	Florida Department of	State			Trust Fund Contribution.		Adde	d to Fees	
10.		OFFICERS AND I	DIRECTORS	11.	<u> </u>	ADDITIONS/CHANGES TO OFFIC	ERS AND DI	FCTOR	S IN 11	-
TITLE	P		☐ Delete	TITLE	: T			Change	☐ Addition	15
NAME	SMALLEY,	WILLIAM L IV		NAM	E			Onlinge	LT VOORION	F034 (10/02
		MPLE TERRACE HWY		STRE	ET ADDRESS					4 (1
CITY-ST-ZIP	TEMPLE TE	HRACE FL		CITY-	-ST-ZIP					FO3
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TITLE NAME	1		☐ Delete	TITLE				Change	☐ Addition	
STREET ADDRESS				NAME	TADDDECC	•				

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 jam 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 in the chapter of the corporation of t changed, or on an attachment with an address, with all other like empowered Hes.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE AND TYPED OR PRINTED JAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM

Delete

Change

☐ Addition