

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90309 022 \*\*\*150.00

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**DOCUMENT # P97000038971**



1. Entity Name  
**AMELIA CHRISTIAN SMITH, P.A.**

Principal Place of Business  
**6382 8TH AVENUE NORTH  
ST. PETERSBURG FL**

Mailing Address  
**6382 8TH AVENUE NORTH  
ST. PETERSBURG FL**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3448702**

Applied For  
Not Applicable

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

**THOMPSON  
SMITH, AMELIA C  
6382 8TH AVENUE NORTH  
ST. PETERSBURG FL**

Name  
**AMELIA C. THOMPSON**  
Street Address (P.O. Box Numbers Not Acceptable)  
**11419 - 28th St. C. E.**  
City **PARRISH** FL Zip Code **34219**

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 **Amelia Thompson** **AMELIA C. THOMPSON** **4/20/03**  
Signature, typed or printed name of registered agent and file 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 **PD** ☐ Delete  
NAME **THOMPSON, AMELIA C**  
STREET ADDRESS **6362 - 8TH AVENUE NORTH**  
CITY-ST-ZIP **ST PETERSBURG FL 33710**

TITLE **PD** ☐ Change ☐ Addition  
NAME **AMELIA C. THOMPSON**  
STREET ADDRESS **11419 - 28th St. C. E.**  
CITY-ST-ZIP **PARRISH, FL 34219**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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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: **Amelia Thompson**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/03** **941-776-9714**  
Date Daytime Phone #

CR2E034 (10/02)