

00 UNIFORM BUSINESS REPORT (UBR) Amended

DOCUMENT # P98000076059
 1. Entry Name
SMITH ORIGINAL HOMES, INC.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 NOV 15 PM 5:00



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
9001 ELLIOTT CIRCLE TAMPA FL 33615		9001 ELLIOTT CIRCLE TAMPA FL 33615-1815	
2437 Fox Forest Dr.		Lutz, FL 33549	
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number	59-3530933	Applied For	
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

SIGNATURE _____
Signature: Typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when filing statement) DATE _____

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2009 Fee will be \$350.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PTD SMITH, RANDALL W 9001 ELLIOTT CIRCLE TAMPA FL 33615 <i>2437 Fox Forest Dr. Lutz, FL 33549</i>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VICE PRESIDENT RICHARD BRADLEY 2437 FOX FOREST DR. LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SVD WHITMAN, LESLIE F 9001 ELLIOTT CIRCLE TAMPA FL 33615 <i>2437 Fox Forest Dr. Lutz, FL 33549</i>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	600004713656--3 -12/07/01--01004--035 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD SILVER, GREGG L 14004 CLUBHOUSE CIR #409 TAMPA FL 33624	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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 11 or Block 12 if changed or on an attachment with an address, with or without other title empowered.

SIGNATURE: *Randall W. Smith* **RANDALL W. SMITH** 1:31:00 813-909-2931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

Randall W. Smith 10/10/01 813-909-2931

AD