

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90054 028 ***150.00

0413541 AV

DOCUMENT # **P98000076059**

1. Entity Name
SMITH ORIGINAL HOMES, INC.

Principal Place of Business Mailing Address
2437 FOX FOREST DR **2437 FOX FOREST DR**
LUTZ FL 33549 **LUTZ FL 33549**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3530933		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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: *Randall W Smith* **RANDALL W SMITH** 1-15-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 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	PTD	<input type="checkbox"/> Delete		TITLE	2437 FOX FOREST DR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, RANDALL W			NAME	LUTZ FL 33549		
STREET ADDRESS	9031 ELLIOTT CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33615			CITY-ST-ZIP			
TITLE	SVD	<input type="checkbox"/> Delete		TITLE	CODY F. WHITMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITMAN, LESLIE E			NAME	2437 FOX FOREST DR		
STREET ADDRESS	9031 ELLIOTT CIRCLE			STREET ADDRESS	LUTZ, FL 33549		
CITY-ST-ZIP	TAMPA FL 33615			CITY-ST-ZIP			
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICHARD BRADLEY			NAME			
STREET ADDRESS	9031 ELLIOTT CIR			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33615			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. 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 all other like empowered.

SIGNATURE: *Randall W Smith* **RANDALL W SMITH** 1-15-02 8139092931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)