## FILED Jan 31, 2001 8:00 am Secretary of State

01-31-2001 90056 040 \*\*\*150.00

## **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000087626

SMITH ENGINEERING CONSULTANT, TELECOMMUNICATIONS Principal Place of Business Mailing Address 470 FOOTMAN LANE 470 FOOTMAN LANE

MERRIT ISLANI	D FL 32952	MERRIT ISLAND FL 32952					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN TH	IS SPACE	
City & State		City & State		4. F	J9 3342013		pplied For
Zip	Country	Zíp	Country			\$8.75 Ac	lot Applicable
-					Certificate of Status Desired	Fee Requir	
<u></u>	6. Name and Address of Current I	Registered Agent	Name	7. N	lame and Address of New Registere	d Agent	
SMITH, CHARLES J JR 470 FOOTMAN LANE				Street Address (P.O. Box Number is Not Acceptable)			
			Street Addre				
MER	rit-Island fl 32952						
			City		F	Zip Cod	de
8. The above	named entity submits this statement for	the purpose of changing its	registered office or regi	istered age	ent, or both, in the State of Florida.	•	
, SIGNATURE .							
Signatone.	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signature red	quired when rei	instating) DAT	Ξ	
	oration is eligible to satisfy its Intangible	<b>!</b>	!! FEE IS \$150.00		10. Election Campaign Financing	<b>\$5</b> (	00 May Be
Tax filing requirement and elects to do so.  (See criteria on back)  After MAY 1, 2001 Fee Make Check Payable to D					Trust Fund Contribution.		ed to Fees
11.	OFFICERS AND D	<del></del>	12.	ADI	DITIONS/CHANGES TO OFFICERS A		
TITLE   NAME	PVST SMITH, CHARLES J JR	☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS	470 FOOTMAN LANE		STREET ADDRESS				
CITY-ST-ZIP	MERRIT ISLAND FL 32952		CITY-ST-ZIP				
TITLE	SMITH, CHARLES J JRR	Delete	. TITLE . NAME		والمراجعة والمحادث	_ Change	☐.Addition
STREET ADDRESS	470 FOOTMAN LANE		STREET ADDRESS				
CITY-ST-ZIP	MERRIT ISLAND FL 32952		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME				
STREET AODRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			Change	Addition
NAME		Donne	NAME			onlango	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP			——————————————————————————————————————	
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition \
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 receiver or trustee empowered to execute this report as required by Chapter 637. Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address; just all other like empowered.

SIGNATURE: