

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
05-11-2001 90131 035 ***150.00

A0062066

DO NOT WRITE IN THIS SPACE

DOCUMENT #

1. Entity Name

D.B. Smith, Inc. P98000088489

Principal Place of Business

Mailing Address

2. Principal Place of Business

5200 West Beaver Street

Suite, Apt. #, etc.

3. Mailing Address

5200 West Beaver Street

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

4. FEI Number

593538175

Applied For

Not Applicable

Zip

32254

Country

USA

Zip

32254

Country

USA5. Certificate of Status Desired ☐**\$8.75**

Additional Fee Required

6. Name and Address of Current Registered Agent

MOTOLAW, INC.**50 North Laura Street****Suite 2750****Jacksonville, Florida 32202**

7. Name and Address of New Registered Agent

Name

Reed W. Grimm

Street Address (P.O. Box Number is Not Acceptable)

50 North Laura Street**Suite 3500**

City

Jacksonville**FL**Zip Code
32202

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/019. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President, Director	<input type="checkbox"/> Delete
NAME	David Bucci	
STREET ADDRESS	5200 West Beaver Street	
CITY-ST-ZIP	Jacksonville, Florida 32254	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

904-378-3665

Daytime Phone #

CR2E034 (11/00)