2000 UNIFORM BUSINESS REPORT (UBR) 7, DOCUMENT # P99000011058 Aug 14, 2000 8:00 am Secretary of State 1. Entity Name PHILIP WAYNE SMIT, PA 07-21-2000 90160 022 \*\*\*150.00 Principal Place of Business Mailing Address 10308 BELLWOOD AVENUE 10308 BELLWOOD AVENUE **NEW PORT RICHEY FL 34654** NEW PORT RICHEY FL 34654 2. Principal Place of Business 3. Mailing Address 7545 Moorgate 7545 Moorgate DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc City & State City & State Applied For Not Applicable chev Nev-Port Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required <u> 34654</u> Pasco 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Philip W SMIT, PHILIP W Street Address (P.O. Box Number is Not Acceptable) 10308 BELLWOOD AVENUE **NEW PORT RICHEY FL 34654** 7545 Moorgate Ct. Zip Code 34654 City New Port Richey, 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 FILE NOW!!! FEE IS \$550.00 •9. This corporation is eligible to satisfy its intangible Election Campaign Financing \$5.00 мау Вө After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition D TITLE TITLE Deleta D NAME SMIT, PHILIP W NAME Smit, Philip W. CR2E034 STREET ADDRESS 10308 BELLWOOD AVENUE STREET ADDRESS 7545 Moorgate Ct. CITY-ST-ZIP CITY-ST-ZIF **NEW PORT RICHEY FL 34654** New Port Richey, F1 34 654 ☐ Delete ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP~ ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Oelete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 Philip Wayne Smit 100 RINTED NAME OF SIGNING OFFICER OR DIRECTOR