

2000 UNIFORM BUSINESS REPORT (UBR)

7.

FILED
Aug 14, 2000 8:00 am
Secretary of State

07-21-2000 90160 022 ***150.00

DOCUMENT # P99000011058

1. Entity Name
PHILIP WAYNE SMIT, PA

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 Ct. **7545 Moorgate Ct.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
N/A **N/A**
New Port Richey, FL **New Port Richey, FL**
 Zip Country Zip Country
34654 **Pasco** **34654** **Pasco**

4. FEI Number Applied For
593555563 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SMIT, PHILIP W
10308 BELLWOOD AVENUE
NEW PORT RICHEY FL 34654

7. Name and Address of New Registered Agent
 Name **Smit, Philip W.**
 Street Address (P.O. Box Number is Not Acceptable)
7545 Moorgate Ct.
 City **New Port Richey, FL** Zip Code **34654**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------------------------|
| TITLE | D <input type="checkbox"/> Delete |
| NAME | SMIT, PHILIP W |
| STREET ADDRESS | 10308 BELLWOOD AVENUE |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34654 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|----------------------------------------------------------------------------------------------------|
| TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Smit, Philip W. |
| STREET ADDRESS | 7545 Moorgate Ct. |
| CITY-ST-ZIP | New Port Richey, FL 34654 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 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 empowers.

SIGNATURE: *Philip Wayne Smit* **Philip Wayne Smit**
 _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **7/11/00** Daytime Phone #: **727 846-7040**

CR2E034 (5/00)