

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 17, 2000 08:00 AM
Secretary of State

DOCUMENT # P99000026468

1. Entity Name
DARYL P. SMITH CONSULTING COMPANY

Principal Place of Business 6721 YELLOWSTONE LANE PARKLAND FL 33067	Mailing Address 6721 YELLOWSTONE LANE PARKLAND FL 33067
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2. Principal Place of Business 4795 S. CITATION DRIVE Suite, Apt. #, etc. APT 206	3. Mailing Address P.O. BOX 2428 Suite, Apt. #, etc. PMB # 7742
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City & State DELRAY BEACH FL	City & State PENSACOLA FL
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Zip 33445	Country US	Zip 32513	Country US
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4. FEI Number 65-0902474	Applied For <input type="checkbox"/> Not Applicable
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DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

SMITH DARYL P
6721 YELLOWSTONE LANE
PARKLAND FL 33067

7. Name and Address of New Registered Agent

Name SMITH DARYL P
Street Address (P.O. Box Number is Not Acceptable) 410 W. 9 MILE ROAD
#7742
City PENSACOLA FL
Zip Code 32534

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 **02/17/2000**
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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR SMITH DARYL P 4795 S. CITATION DRIVE, APT 206 DELRAY BEACH FL 33445	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC SMITH DARYL P 4795 S. CITATION DRIVE, APT 206 DELRAY BEACH FL 33445	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES SMITH DARYL P 4795 S. CITATION DRIVE, APT 206 DELRAY BEACH FL 33445	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SMITH DARYL P 4795 S. CITATION DRIVE, APT 206 DELRAY BEACH FL 33445	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **DARYL P. SMITH**

PPES 02/17/2000