

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

33067

FL

Mailing Address

6721 YELLOWSTONE LANE

PARKLAND

33067

FL

2. Principal Place of Business

4795 S. CITATION DRIVE

3. Mailing Address

P.O. BOX 2428

Suite, Apt. #, etc.

APT 206

Suite, Apt. #, etc.

PMB # 7742

City & State

DELRAY BEACH

FL

City & State

PENSACOLA

FL

Zip

33445

Country

US

Zip

32513

Country

US

4. FEI Number

65-0902474

Applied For

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 AgentSMITH DARYL P
6721 YELLOWSTONE LANE

PARKLAND

33067

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

02/17/2000

DATE

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
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CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☒ Addition
NAME
DIR
SMITH DARYL P
STREET ADDRESS
4795 S. CITATION DRIVE, APT 206
CITY-ST-ZIP
DELRAY BEACH FL 33445TITLE ☐ Change ☒ Addition
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STREET ADDRESS
4795 S. CITATION DRIVE, APT 206
CITY-ST-ZIP
DELRAY BEACH FL 33445TITLE ☐ Change ☒ Addition
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STREET ADDRESS
4795 S. CITATION DRIVE, APT 206
CITY-ST-ZIP
DELRAY BEACH FL 33445TITLE ☐ Change ☒ Addition
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STREET ADDRESS
4795 S. CITATION DRIVE, APT 206
CITY-ST-ZIP
DELRAY BEACH FL 33445TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: DARYL P. SMITH

PRES 02/17/2000