

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 16, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000026468**1. Entity Name
DARYL P. SMITH CONSULTING COMPANY

Principal Place of Business	Mailing Address
4795 S. CITATION DRIVE	P.O. BOX 2428
APT 206	PMB # 7742
DELRAY BEACH	PENSACOLA
33445	32513
US	US

2. Principal Place of Business
410 W. 9 MILE ROAD

3. Mailing Address

Suite, Apt. #, etc.
#7742

Suite, Apt. #, etc.

City & State
PENSACOLA FL

City & State

4. FEI Number
65-0902474Applied For
Not ApplicableZip Country
32534 US5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**SMITH DARYL P
410 W. 9 MILE ROAD
#7742
PENSACOLA FL
32534 US

Name

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

City

FL Zip Code

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 _____ **04/16/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

TITLE	SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH DARYL P	
STREET ADDRESS	410 W 9 MILE ROAD, #7742	
CITY-ST-ZIP	PENSACOLA FL 32534	

TITLE	TRES	<input type="checkbox"/> Delete
NAME	SMITH DARYL P	
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CITY-ST-ZIP	DELRAY BEACH FL 33445	

TITLE	TRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH DARYL P	
STREET ADDRESS	410 W 9 MILE ROAD, #7742	
CITY-ST-ZIP	PENSACOLA FL 32534	

TITLE	PRES	<input type="checkbox"/> Delete
NAME	SMITH DARYL P	
STREET ADDRESS	4795 S. CITATION DRIVE, APT 206	
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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CITY-ST-ZIP		

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 04/16/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)