

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 4795 S. CITATION DRIVE APT 206 DELRAY BEACH 33445 US	FL	Mailing Address P.O. BOX 2428 PMB # 7742 PENSACOLA 32513 US	FL
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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
65-0902474
 Applied For
 Not Applicable

Zip Country
32534 US

Zip Country

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

DO NOT WRITE IN THIS SPACE

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

04/16/2001
 DATE

(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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC SMITH DARYL P 4795 S. CITATION DRIVE, APT 206 DELRAY BEACH FL 33445	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES SMITH DARYL P 4795 S. CITATION DRIVE, APT 206 DELRAY BEACH FL 33445	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SMITH DARYL P 4795 S. CITATION DRIVE, APT 206 DELRAY BEACH FL 33445	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR SMITH DARYL P 4795 S. CITATION DRIVE, APT 206 DELRAY BEACH FL 33445	<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	SEC SMITH DARYL P 410 W 9 MILE ROAD, #7742 PENSACOLA FL 32534	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES SMITH DARYL P 410 W 9 MILE ROAD, #7742 PENSACOLA FL 32534	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES 04/16/2001
 Date

Daytime Phone #

CR2E034 (11/00)