2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P99000107654 **DOCUMENT #**

1. Entity Name

SMITH ANDREWS & BRADY, P.A.



FILED Feb 04, 2003 8:00 am Secretary of State

02-04-2003 90109 033 ***150.00

Principal Pl	ace of Business	Mailing Address	- O WE I			
4807 BAYSHORE BLVD 2ND FLOOR 4807 BAYSHORE BLVD. TAMPA FL 33611 TAMPA FL 33611) 2ND FLOOR	1 128/1286 1/18 18/12 18/1/ 88/1/ 88/1/ 88/1/	il as tii 18012 o	! !t:
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKII	NG CHANG	re.
City & State		City & State		4. FEI Number 59-3613796 Applied For		
Zíp	Country	Zip	Country	5. Certificate of Status Desired	\$8.75	Not Applicable Additional
	6. Name and Address of Curr	ent Registered Agent	<u> </u>		-Fee Requ	ilred—
HINES, JAMES P			Name	7. Name and Address of New Registered	J Agent	<u> </u>
315 S. H	YDE PARK AVE.		Street Addre	ess (P.O. Box Number is Not Acceptable)		
TAMPA F	L 33606				·	
8 The above	o comed patients in the state of		City	F	Zip Co	
the obliga	e named entity submits this statemen ations of registered agent.	t for the purpose of changing i	its registered office or reg	istered agent, or both, in the State of Florida. I an	n familiar wit	h, and accept
SIGNATURE						'
	Signature, typed or printed name of registered ag	ent and title if applicable. (NO	OTE: Registered Agent signature rec	quired when reinstating) DATE		
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.0 k Payable to Florida Department	00 tof State		9. Election Campaign Financing Trust Fund Contribution.	\$5.	00 May Be
10.		ID DIRECTORS	- E 722			
TITLE	D	Delete	11.	ADDITIONS/CHANGES TO OFFICERS AN		
NAME	SMITH, JAMES H	Li Delete	NAME		Change	Addition
STREET ADDRESS CITY-ST-ZIP	4807 BAYSHORE BLVD., 2ND I TAMPA FL 33611	FLOOR	STREET ADDRESS CITY-ST-ZIP			
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NAME		- Doloto	NAME		☐ Change	☐ Addition
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			CITY-ST-ZIP			j

12. 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 changed, or on an attachment with an address, with all other like impowers.

SIGNATURE:

813-831-1978