FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90887 011 ***150.00

663739

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111261

1. Entity Name

J. MICHEAL SMITH, C.P.A., P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1601 Rickenbacker Dr.	1601 Rickenbacker Dr.
Suite, Apt. #, etc.: Suite 4	Suite, Apt. #, etc.: Suite 4
City & State: Sun City Center, FL	City & State: Sun City Center, FL
Zip: 33573-5332 / Country:	Zip: 33573-5332 / Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3612762 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: J. Micheal Smith, C.P.A.

Street Address (P.O. Box Number is Not Acceptable): 1601 Rickenbacker Dr.

Suite 4

City: Sun City Center FL Zip Code: 33573-5332

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] 4/30/02

Signature (typed or printed name of registered agent and title if applicable). (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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 P/T NAME STREET ADDRESS CITY-ST-ZIP	P/T/S/D J. Micheal Smith, C.P.A. 3105 Rolling Acres Place Valrico, FL 33594-5654	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address with all other like empowered.

SIGNATURE: [signature] Pres. J. Micheal Smith, Pres. 4/30/02 813-634-8885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/01)