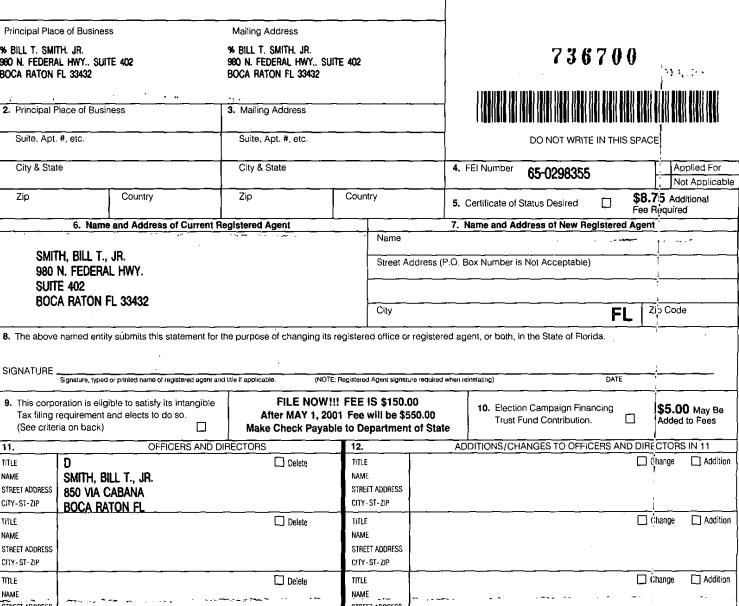
2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # \$88111 1. Entity Name BILL T. SMITH, JR., P.A. Principal Place of Business Mailing Address % BILL T. SMITH, JR. % BILL T. SMITH, JR. 960 N. FEDERAL HWY., SUITE 402 980 N. FEDERAL HWY., SUITE 402 BOCA RATON FL 33432 **BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent SMITH, BILL T., JR. 980 N. FEDERAL HWY.

Apr 03, 2001 8:00 am Secretary of State

04-03-2001 90070 001 ***150.00



(See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11, 12. CR2E034 (10/00) TITLE TITLE Delete NAME NAME SMITH, BILL T., JR. STREET ADDRESS STREET ADDRESS 850 VIA CABANA CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete [] Change TITLE TIT! F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

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 flue 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 of trustee employeed 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

SIGNATURE

SUITE 402

BOCA RATON FL 33432

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

MAME OF SIGNING OFFICER OR DIRECTOR