## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) 200

**DOCUMENT#** 

V01386

1. Entity Name

Smith Enterprises & Associates, Inc.



## **FILED** May 02, 2003 8:00 am Secretary of State

05-02-2003 90215 026 \*\*\*150.00

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	DO NOT WRITE	IN THIS	SPACE	11034175	•
2. Principal Place of Business 3025 Frontier Ave.		3. Mailing Address 3025 Frontier Ave.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
•		City & State  Lake Wor	cth FI	4. FEI Number         Applied For Not Applicate           650300076         Not Applicate	ole
Zip 33467	Country Palm Bch.	Zip 33467	Country Palm Bch.	5. Certificate of Status Desired	
				7. Name and Address of Current Registered Agent	
		Name David J	Name David J. Smith		
	DO NOT W	RITE	ASSESSED SACTOR ALLON A	dress (P.O. Box Number is Not Acceptable) Frontier Ave.	
	IN THIS SE	一 · · · · · · · · · · · · · · · · · · ·	3025 Fr	ontier Ave.	
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			Cit <b>Lake</b> W	orth <b>FL</b>   3 3 467	
the obligati	named entity submits this statement to ions of registered agent.  Signature, typed or printed name of registered agent	) XX	ging its registered office or register  (NOTE: Registered Agont signature required	red agent, or both, in the State of Florida. I am familiar with, and accept you when reinstaung)  DATE	t
	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	,
10.	S OFFICERS AND	DIRECTORS	Self-dust to the self-dust term for the self-	and well as the formal and the second of the second of The second of the	29 (44)
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	3025 Frontier AVe	_	STREET ADDRESS		
	Lake Worth, FL 33		CITY-ST-ZIP		
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12. I hereby o	ertify that the information supplied with	this filing does not au	alify for the exemption stated in Se	ction 119.07(3)(i), Florida Statutes, I further certify that the information	7

indicated on this report or suppliemental 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 of trustee empowered to every the this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: \_

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED

Daytime Phone #