

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90104 013 ***150.00

DOCUMENT # V28790

1. Entity Name
LAWRENCE D. SMITH, P.A.



Principal Place of Business

11142 SW 17TH MANOR
DAVIE FL 33324
US

Mailing Address

11142 SW 17TH MANOR
SUITE 190
DAVIE FL 33324
US

2. Principal Place of Business

9009 Western Lake Dr.
Suite, Apt. #, etc. 1207
City & State Jacksonville, FL.

3. Mailing Address

9009 Western Lake Dr.
Suite, Apt. #, etc. 1207
City & State Jacksonville, FL.



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0323226** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

SMITH, LAWRENCE D
11142 SW 17TH MANOR
DAVIE FL 33324

Name
9009 Western Lake Dr. #1207
City & State Jacksonville, FL. **FL** **Zip Code 32256**

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LAWRENCE D		NAME	Lawrence D. Smith	
STREET ADDRESS	11142 SW 17TH MANOR		STREET ADDRESS	9009 Western Lake Dr. #1207	
CITY-ST-ZIP	DAVIE FL 33324		CITY-ST-ZIP	Jacksonville, FL. 32256	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Lawrence D. Smith** **1/30/03** **904-261-3774**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0257037 AV

CR2E034 (10/02)