

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90093 032 ***150.00

DOCUMENT # P93000000374

1. Entity Name

SMITH BROWNING DIRECT, INC.

Principal Place of Business

**1606 BEACH TRAIL
 INDIAN ROCKS BEACH FL 34635**

Mailing Address

**2100 W BAY DR
 LARGO FL 33770**

2. Principal Place of Business

2100 WEST BAY DRIVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

LARGO, FLORIDA

City & State

LARGO, FLORIDA

Zip

33770

Country

FLORIDA

Zip

33770

Country

FLORIDA

4. FEI Number

59-3160909

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

SMITH, TIMOTHY C

1606 BEACH TRAIL

INDIAN ROCKS BEACH FL 34635

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2100 WEST BAY DRIVE

City

LARGO

FL

Zip Code

33770

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, 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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 **PS** ☐ Delete
 NAME **SMITH, TIMOTHY C**
 STREET ADDRESS **2100 W BAY DR**
 CITY-ST-ZIP **LARGO FL 33770**

TITLE **VPT** ☐ Delete
 NAME **SMITH, ELIZABETH B**
 STREET ADDRESS **1606 BEACH TRAIL**
 CITY-ST-ZIP **INDIAN ROCKS BEACH FL 34635**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2100 WEST BAY DRIVE**
 CITY-ST-ZIP **LARGO, FL 33770**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tim Smith

1/21/02

Date

Daytime Phone #

707-585-5599

CR2E034 (9/01)