

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90474 041 \*\*\*150.00

0621776 AT

DOCUMENT # **P02000076775**



1. Entity Name  
**NEW SMYRNA BEACH PROPERTIES, INC.**

Principal Place of Business  
**PO BOX 110176  
PALM BAY FL 32911-0176**

Mailing Address  
**PO BOX 110176  
PALM BAY FL 32911-0176**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**01-0736412**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOSLEY, CURTIS R  
1221 E NEW HAVEN AVE  
MELBOURNE FL 32901**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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  
Trust Fund Contribution.  **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DOROUGH, HOWARD</b>	
STREET ADDRESS	<b>443 JOHNSON AVE, UNIT 502</b>	
CITY-ST-ZIP	<b>CAPE CANAVERAL FL 32920</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DOROUGH, JOHN D</b>	
STREET ADDRESS	<b>443 JOHNSON AVE, UNIT 502</b>	
CITY-ST-ZIP	<b>CAPE CANAVERAL FL 32920</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HERRING, ANGELA</b>	
STREET ADDRESS	<b>443 JOHNSON AVE, UNIT 502</b>	
CITY-ST-ZIP	<b>CAPE CANAVERAL FL 32920</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>4690 Lipscomb St NE, Ste # 5</b>	
CITY-ST-ZIP	<b>Palm Bay, FL 32905</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>4690 Lipscomb St NE, Ste # 5</b>	
CITY-ST-ZIP	<b>Palm Bay, FL 32905</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>4690 Lipscomb St NE, Ste # 5</b>	
CITY-ST-ZIP	<b>Palm Bay, FL 32905</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 Angela Herring  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03  
Date

321 725-7418  
Daytime Phone #

CR2E034 (10/02)