

2002 UNIFORM BUSINESS REPORT (UBR)

0014809 AT

DOCUMENT # **A98000000770**

1. Entity Name

SMITH SPYGLASS, LTD.

FILED

02 MAR 25 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJH

Principal Place of Business 4500 GORDON DRIVE NAPLES FL 34102	Mailing Address 4500 GORDON DRIVE NAPLES FL 34102
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DUE BY MAY 1, 2002

City & State	City & State	4. FEI Number 65-0889099	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, ROGER B SR.
4500 GORDON DRIVE
NAPLES FL 34102**

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$5,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #	SMITH, ROGER B SR. 4500 GORDON DRIVE NAPLES FL 34102
DOCUMENT #	SMITH, BARBARA R 4500 GORDON DRIVE NAPLES FL 34102
DOCUMENT #	SMITH, ROGER B JR 2703 BUNO ROAD MILFORD MI 48380
DOCUMENT #	GREENBURY, KAY 2703 BUNO ROAD MILFORD MI 48380
DOCUMENT #	PONSKI, MARK B 5013 DEER RIDGE NORTH CARMEL IN 46033
DOCUMENT #	PONSKI, JENNIFER A 5013 DEER RIDGE NORTH CARMEL IN 46033

STREET ADDRESS	
CITY-ST-ZIP	500005190825--4
STREET ADDRESS	-04/04/02--01015--021
CITY-ST-ZIP	***150.00 ***150.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **03-20-02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (9/01)