

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

05-08-2002 90163 012\*\*\*150.00  
P99000089562

DOCUMENT # **P99000089562**

1. Entity Name  
**THE 8400 CORPORATION**

02 JUL -1 PM 5:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**101 ORANGE ST.  
ST. AUGUSTINE FL 32084**

Mailing Address  
**101 ORANGE ST.  
ST. AUGUSTINE FL 32084**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**8401 SR. 207**

Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 201**

Suite, Apt. #, etc.

City & State  
**ELKTON, FL**

Zip  
**32033-0201**

Country

City & State  
**ELKTON, FL**

Zip  
**32033**

Country

4. FEI Number **NOT APPLICABLE**

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

**SCOTT, ALLEN C.D. II**  
**101 ORANGE ST.**  
**ST. AUGUSTINE FL 32084**

Name ~~8400 CORPORATION, P.S.~~  
**MICHAEL L. SMITH**

Street Address (P.O. Box Number is Not Acceptable)  
**8401 State Rd 207**

City **Hastings** FL **32164**

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 Michael L. Smith (President) **4-24-2002**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating) 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCOTT, ALLEN C.D. II</b> <b>101 ORANGE ST.</b> <b>ST. AUGUSTINE FL 32084</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MICHAEL L. SMITH</b> <b>P.O. BOX 201</b> <b>ELKTON, FL 32033-0201</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (9/01)

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: Michael L. Smith **Michael L. Smith** **1-904-682-1865**  
**4-24-2002**