## **2001 UNIFORM BUSINESS REPORT (UBR)** Mar 13, 2001 8:00 am DOCUMENT # H91084 1. Entity Name **Secretary of State** S M N C CORP. 03-13-2001 90323 017 \*\*\*150.00 Principal Place of Business Mailing Address ll Seneca Road 11 Seneca Road Sea Ranch Lakes, FL Sea Ranch Eakes, FL 00025034 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable 59-2626172 Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Franz, Sandra J Street Address (P.O. Box Number is Not Acceptable) 11 Seneca Road Sea Ranch Lakes, FL 33308 City Zip Code 8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Change . TITLE ☐ Delete TITLE NAME NAME Franz, Manfred II SENECA ROAD SEA RANCH LAKES STREET ADDRESS STREET ADDRESS 11 Seneca Road CITY-ST-ZIP CITY-ST-ZIP 33308 <u>Sea Ranch Lakes, FL</u> TITLE TITLE Delete Dale, Charles S NAME NAME STREET ADDRESS STREET ADDRESS 414 NE 4th Street CITY-ST-ZIE CITY-ST-ZIP Ft. Lauderdale, FL Addition TITLE DST Delete TITLE NAME NAME II SENECE ROAD SEA RANCH LAKES Franz, Sandra J STREET ADDRESS STREET ADDRESS ll Seneca Road CITY-ST-ZIP CITY-ST-ZIP 33308 <u>Sea Ranch Lakes.</u> FL☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

SIGNATURE AND TYPED OF PRINTED NAME DESIGNING OFFICER OR DIRECTOR

Delete

03/07/0

954 786 1714

☐ Change

Addition

Daytime Phone #