## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # K39024** Jan 12, 2000 8:00 am Secretary of State 1. Entity Name S M D ENTERPRISES, INC. 01-12-2000 90052 031 \*\*\*150.00 Mailing Address Principal Place of Business 1312 PEPPER TREE PL 1312 PEPPER TREE PLACE ROCKLEDGE FL 32955 ROCKLEDGE FL 32955-4441 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2920309 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DECOLA, S. MICHAEL Street Address (P.O. Box Number is Not Acceptable) 1312 PEPPER TREE PL ROCKLEDGE FL 32955 City 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12, ☐ Addition ☐ Change ☐ Delete TITLE TITLE DECOLA, S.MICHAEL NAME NAME 1312 PEPPER TREE PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ROCKLEDGE FL CITY-ST-ZIP VTS ☐ Change ☐ Addition TITLE ☐ Delete TITLE DECOLA, SHARON ANN NAME 1312 PEPPER TREE PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ROCKLEGE FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE BODIFORD, GLENDON E NAME NAME 549 WALNUT DR STREET ADDRESS STREET ADDRESS CITY - ST - ZIP MELBOURNE FL CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 an other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF JIGNING OFFICER OR DIRECTOR

SIGNATURE: