2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State
04-17-2003 90177 012 ***150.00

DOCUMENT # P02000011738

1. Entity Name
SMA INNOVATIONS, INC.

Principal Place of Business	Mailing Address
1652 GROVE ST.	1652 GROVE ST.
CLEARWATER FL 33755	CLEARWATER FL 33755

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4730 15th Ave. N.	4730 15th Ave. N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Petersburg FL.	City & State: St. Petersburg FL.
Zip: 33713 Country: Pinellas	Zip: 33713 Country: Pinellas

4. FEI Number: 03-0426259 ☐ 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
ANDREWS, STUART M	Name: Stuart M Andrews
1652 GROVE ST.	Street Address (P.O. Box Number is Not Acceptable): 4730 15th Ave. N.
CLEARWATER FL 33755	City: St. Petersburg FL Zip Code: 33713

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDREWS, STUART M 1652 GROVE ST. CLEARWATER FL 33755 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: SIGNATURE REQUIRED 4/14/03 (727) 215-5766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #