2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000028774 **DOCUMENT #**

1. Entity Name

CITY-ST-ZIP

SMART CARD INTERNATIONAL, INC.



Mar 17, 2003 8:00 am Secretary of State **FILED**

03-17-2003 90081 036 ***150.00

					100 WE IN	
Principal Pla	ce of Busines	S	Mailing Address			
803 FAIRWAY DRIVE			803 FAIRWAY DRIVE			
STE #2			STE #2	,		
NEW SMYRNA BEACH FL 32168				ACH EL 20160		
NEW SWITH	M DEMON FL	02100	NEW SMYRNA BE	NOM FL 32100		
2 Principal	Place of Busin	1000	3. Mailing Address	.		
2. Principal Place of Business			J. Walling Address			1 1-2-11-41 (10-1-41)
Suite, Apt	t etc		Suite, Apt. #, etc			
Outto, Apr. #, oto.			Solid, Apr. 11, Co.			☐ CHECK HERE IF MAKING CHANGES
City & State			City & State			4 SELNIONES
Oily & State			Oity & State			4. FEI Number Applied For Not Applied For
Zip Country			Zip Country			Trott (ppiloas)
Zip Country		Country	Zip Ci		try	5. Certificate of Status Desired Security Securi
	6 Name	and Address of Current F	landatavad Amant			Fee Required
	o. Name	and Address of Current F	tegistered Agent		Name	7. Name and Address of New Registered Agent
					Name	•
TOLLEY, MARIAN P				Street Address		s (P.O. Box Number is Not Acceptable)
803 FAIR	WAY DRIVE					
STE #2						
	VINIA DEAC	U.EL 00400				
IAEAA SIM	THNA BEAU	H FL 32168			City	Zip Code
8. The above	e named entit	v submits this statement for	the nurnose of chang	ning its registers	ed office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept
	itions of regist		the purpose of charg	ang na registere	a office of registe	ered agent, or both, in the state of horida. Tail familial with, and accept
	_	_				
SIGNATURE						
	Signature, typed	or printed name of registered agent ar	nd title if applicable.	(NOTE: Registere	Agent signature require	red when reinstatting) DATE
S F	ILE NOW!!	! FEE IS \$150.00				
_		3 Fee will be \$550.00				9. Election Campaign Financing \$5.00 May Be
		Florida Department of	State			Trust Fund Contribution. Added to Fees
10.		OFFICERS AND D	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	OPT	OT TOERO AIVO	Deleti			
NAME		AADIAN D	L Deleti		l	. Change . Addition
	TOLLEY, N			NAMI	· I	
STREET ADDRESS	1000 11111	VAY DRIVE STE #2			TADDRESS	
CITY-ST-ZIP	NEW SMY	RNA BEACH FL 32168			ST-ZIP	
TITLE	DVPS		☐ Delete	e TITLE	i	☐ Change ☐ Addition
NAME	ANTONIEL	LO, ANNA M		NAM		
STREET ADDRESS		VAY DRIV ESTE #2		STRE	ET ADDRESS	
CITY-ST-ZIP		RNA BEACH FL 32168		CITY-	ST-ZIP	
TITLE	TILLY OILL	THAT BEACHTE OF 100	☐ Delete	Titue	+	Change Change
NAME			LJ Delete	TITLE NAME		☐ Change ☐ Addition
					1	
STREET ADDRESS					ET ADDRESS	
CITY-ST-ZIP					ST-ZIP	
TITLE			☐ Delete	TITLE		Change Addition
NAME				NAME		
STREET ADDRESS				STREI	T ADDRESS	
CITY-ST-ZIP	1			CITY-	ST-ZIP	
TITLE		***************************************	☐ Delete	TITLE		☐ Change ☐ Addition
NAME			U Delete	NAME		Change Li Addition
STREET ADDRESS					T ADDRESS	
CITY-ST-ZIP					ST-ZIP	
0111-01-4F	1			UIY-	31-ZIF	
	 				 	
TITLE			☐ Delete	TITLE		☐ Change ☐ Addition
TITLE NAME			☐ Delete	TITLE		☐ Change ☐ Addition

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.

CITY-ST-ZIP

SIGNATURE