

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90019 007 ***550.00

DOCUMENT # P98000060103

1. Entity Name
SPECIALTY MARKET CONSULTANTS, INC.

Principal Place of Business P.O. BOX 8447 CLEARWATER FL 33758	Mailing Address P.O. BOX 8447 CLEARWATER FL 33758
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2. Principal Place of Business P.O. BOX 717 Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 717 Suite, Apt. #, etc.
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City & State TARPON SPRINGS, FL.	City & State TARPON SPRINGS, FL.
Zip 34688	Country PINELLAS

4. FEI Number 35-1949495	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ACCOUNTING & TAX HELP, INC.
8668 PARK BLVD.
SUITE A
SEMINOLE FL 33777

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO JONAS, K. MICHAEL P.O. BOX 8447 CLEARWATER FL 33758	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jonas, K. Michael P.O. Box 717 Tarpon Springs, FL. 34688	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Jonas* **Michael Jonas** 7/24/00 (727) 937-5565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

To Whom it may concern at the
Florida Department of State,

I have been moving and my UBR
got misplaced, and I just found it.
Please abate the \$400.00 additional fee.
I had every intention of filing in a
timely fashion, but circumstances beyond
my control prevented me from doing
so. Please know that this will never
happen again. Thank You.

Respectfully,

K. Michael Jonas

K. Michael Jonas
of Special Market Consultants, Inc.