

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000006488

1. Entity Name

SMK ENGINEERING, INC.

Principal Place of Business

Mailing Address

679 LONG ACRE LANE
YARDLEY PA 19067

679 LONG ACRE LANE
YARDLEY PA 19067

2. Principal Place of Business
505 OLD YORK ROAD

3. Mailing Address
7063 DEMEDICI CIRCLE

Suite, Apt. #, etc.

SUITE 101

Suite, Apt. #, etc.

City & State

JENKINTOWN, PA

City & State

DELRAY BEACH, FL

Zip

19046

Country

USA

Zip

33446

Country

USA

4. FEI Number

23-2929631

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

KLEIN, STUART M
7063 DEMEDICI CIRCLE
DELRAY BEACH FL 33446

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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
P
KLEIN, STUART M
7063 DEMEDICI CIRCLE
DELRAY BEACH FL 33446

☐ Delete

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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S
KLEIN, ROCHELLE
7063 DEMEDICI CIRCLE
DELRAY BEACH FL 33446

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CITY-ST-ZIP
☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

STUART M. KLEIN

Date

2/12/01

Daytime Phone #

561-865-8673

CR2E034 (10/00)

000836

FILED
Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90024 034 ***150.00

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DO NOT WRITE IN THIS SPACE