## 2002 UNIFORM BUSINESS REPORT (UBR)

## Aug 07, 2002 8:00 am Secretary of State F01000005570 **DOCUMENT#** 1. Entity Name 08-07-2002 90173 031 \*\*\*550.00 SMS MEMORY MODULE ASSEMBLY. INC. Principal Place of Business Mailing Address 2338 IMMOKALEE ROAD #110 2338 IMMOKALEE ROAD #110 NAPLES FL 34110-1445 NAPLES FL 34110-1445 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 33-0805945 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BITTNER, JEFFREY L Street Address (P.O. Box Number is Not Acceptable) 2338 IMMOKALEE ROAD #110 NAPLES FL 34110-1445 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. 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 \$550.00 9. corporation is eligible to satisfy its Intangible 1. filing requirement and elects to do so. 10. Election Campaign Financing **\$5.00** May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition **PST** TITLE Change ☐ Delete BITTNER, JEFFREY L NAME NAME STREET ADDRESS 144880 JEKYLL ISLAND CT STREET ADDRESS NAPLES FL CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 li

CITY - ST - ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

□ Delete

☐ Change

FILED

Addition