

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2001 08:00 AM
Secretary of State

DOCUMENT # F99000001063

1. Entity Name
SMC OF TAMPA, INC.

Principal Place of Business 4716 OLD GETTYSBURG ROAD MECHANICSBURG PA 17055	Mailing Address PO BOX 2034 MECHANICSBURG PA 17055
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number
23-2872718

Applied For	
Not Applicable	

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD

 PLANTATION FL 33324 US

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 _____ **04/27/2001**
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

TITLE	D	<input type="checkbox"/> Delete
NAME	SORREL LAWRENCE B	
STREET ADDRESS	4716 GETTYSBURG RD	
CITY-ST-ZIP	MECHANICSBURG PA 17055	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDWARDS DONALD J	
STREET ADDRESS	4716 OLD GETTYSBURG RD	
CITY-ST-ZIP	MECHANICSBURG PA 17055	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRESSY BRAYN C	
STREET ADDRESS	4716 OLD GETTYSBURG RD	
CITY-ST-ZIP	MECHANICSBURG PA 17055	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARSON RUSSELL	
STREET ADDRESS	4716 OLD GETTYSBURG RD	
CITY-ST-ZIP	MECHANICSBURG PA 17055	
TITLE	D	<input type="checkbox"/> Delete
NAME	ORTENZIO ROBERT	
STREET ADDRESS	4716 OLD GETTYSBURG RD	
CITY-ST-ZIP	MECHANICSBURG PA 17055	
TITLE	D	<input type="checkbox"/> Delete
NAME	ORTENZIO ROCCO A	
STREET ADDRESS	4716 OLD GETTYSBURG RD	
CITY-ST-ZIP	MECHANICSBURG PA 17055	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON MARTIN F	
STREET ADDRESS	4716 GETTYSBURG RD	
CITY-ST-ZIP	MECHANICSBURG PA 17055	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RHODES-SHELLEY STACI	
STREET ADDRESS	4716 OLD GETTYSBURG RD	
CITY-ST-ZIP	MECHANICSBURG PA 17055	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE KENNETH L	
STREET ADDRESS	4716 OLD GETTYSBURG RD	
CITY-ST-ZIP	MECHANICSBURG PA 17055	
TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARVIN MICHAEL E	
STREET ADDRESS	4716 OLD GETTYSBURG RD	
CITY-ST-ZIP	MECHANICSBURG PA 17055	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 E. TARVIN **SVP** **04/27/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)