

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90145 033 ***150.00

DOCUMENT # G43526

1. Entity Name
SAMACS, INC.



Principal Place of Business
C/O JAIME PEREIRA
9415 BLIND PASS RD PO BX 66897
ST. PETERSBURG FL 33736

Mailing Address
C/O JAIME PEREIRA
9415 BLIND PASS RD PO BX 66897
ST. PETERSBURG FL 33736



2. Principal Place of Business
8470 W. GOLF
Suite, Apt. #, etc.
405

3. Mailing Address
8470 W. GOLF
Suite, Apt. #, etc.
405

☐ CHECK HERE IF MAKING CHANGES

City & State
TREASURE ISLAND, FL.
Zip
33706 Country
PINELLAS

City & State
TREASURE ISLAND, FL.
Zip
33706 Country
PINELLAS

4. FEI Number
59-2299004

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PEREIRA, JAIME
9415 BLIND PASS RD, #1205-W
ST. PETERSBURG FL 33706

7. Name and Address of ~~Current~~ Registered Agent

Name
JAIME PEREIRA
Street Address (P.O. Box Number is Not Acceptable)
8470 W. GOLF - #405
City
TREASURE ISLAND FL Zip Code
33706

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 *Jaime Pereira*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00.
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
PEREIRA, JAIME
9415 BLIND PASS ROAD 8470 W. GOLF
ST PETERSBURG, FL 00000 TREASURE ISLAND

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
PEREIRA, JACQUELINE
9415 BLIND PASS RD 8470 W. GOLF
ST PETERSBURG FL TREASURE ISLAND

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/03 **727** **360-1962**

CR2E034 (10/02)