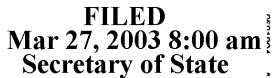
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # G57848



1. Entity Name S. M. S. R., INC.									03-27-2003 90062 005 ***	150.	00	
Principal Place 18738 BASCO HUDSON FL 3 US	=	Mailing Address 18738 BASCOMB LANE HUDSON FL 34667 US										
2. Principal F	Place of Busin	3. Mailing Address							iii titi			
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES					
City & Sta	te	City & State					4. FEI Number 59-2889552 Applied For Not Applicable				_	
Zip Country			Zip	Zip Count			5. Certificate of Status Desired]
	Registere	d Agent				. 7. N	Name and Address of New Registered Agent]		
												7
REUSCHEL, STEPHAN C. 18738 BASCOMB LANE							Street Address (P.O. Box Number is Not Acceptable)					
HUDSON FL 34667									F I Make Mark			
	V								r.	Code		
the obligat	tions of regist	submits this statement for ered agent.	the purpo	ose of changing its	register	ed office or	registere	d age	ent, or both, in the State of Florida. I am familiar w	ith, ar	nd accept	
SIGNATURE	Signature, typed	or printed name of registered agent a	nd title if appl	icable. (NOTE	Registere	d Agent signatui	re required v	vhen rei	instating) DATE	<u>. </u>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State											May Be o Fees	-
10.		OFFICERS AND I	DIRECTO	RS	11.			ADI	DITIONS/CHANGES TO OFFICERS AND DIRECT	ORS	N 11	1
		, STEPHAN C. COMB LANE		☐ Delete					☐ Chan		Addition	(40/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				- · ·	☐ Chan	ge 3e	☐ Addition	7 200
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete		·			☐ Chan	je	Addition	}
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete					☐ Chan	je	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					☐ Chan	je	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, ,			☐ Delete		i			☐ Chan	je	Addition	1
40 11												1

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. an address, with all other like empowered.

SIGNATURE:

727) 863 1544 MARCH 25.03