

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2002 8:00 am
Secretary of State

08-11-2002 90167 004 ****50.00

DOCUMENT # L01000007379

1. Entity Name
SMAT,LLC

Principal Place of Business

**2338 IMMOKALEERD..#324
 NAPLES FL 34110**

Mailing Address

**2338 IMMOKALEERD..#324
 NAPLES FL 34110**

2. Principal Place of Business

469 Golfview Dr.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FL.

City & State

4. FEI Number

513716390

Applied For

Not Applicable

Zip

34110

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**LOTES, KEVIN R ESQ.
 C/O PORTER, WRIGHT, MORRIS & ARTHUR, LLP
 5801 PELICAN BAY BLVD., STE. 300
 NAPLES FL 34108-2709**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **Managing Member** ☐ Delete
 NAME **Misty Sammons**
 STREET ADDRESS **2338 Immokalee Rd Ste 324**
 CITY-ST-ZIP **NAPLES, FL 34110**

TITLE **Member** ☐ Delete
 NAME **Steve Sammons**
 STREET ADDRESS **469 Golfview Dr.**
 CITY-ST-ZIP **NAPLES, FL 34110**

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

10. ADDITIONS / CHANGES

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/31/02 239-596 7890

Date

Daytime Phone #

CR2E083 (9/01)