2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

M20986 DOCUMENT

1. Entity Name

S.M.P. CONSTRUCTION, INC.



FILED Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90965 037 ***150.00

Principal Place of Business C/O BARTON S. STROCK, ESO. 6600 TAFT ST. #420 HOLLYWOOD FL 33024 US 2. Principal Place of Business		Mailing Address C/O BARTON S. STROCK. ESQ. 6600 TAFT ST. #420 HOLLYWOOD FL 33024 US 3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 59-2600487 Applied For Not Applicable		
	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
STROCK, BARTON S 6600 TAFT ST. #420 HOLLYWOOD FL 33024 8. The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Begistered.)			City its registered office or r	Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PSD MELSON, PAUL NAME MELSON, PAUL (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May B Added to Fees 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
STREET ADDRESS C/O B. ST	ROCK, 6600 TAFT ST. OD FL 33024	, #420	NAME STREET ADDRESS. CITY-ST-ZIP TITLE	☐ Change ☐ Addition		

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of applemental 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 changed or on an attachment with an adjusted, with all other like empowered.

SIGNATURE: