

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90040 018 ****50.00

DOCUMENT # M97000000580

1. Entity Name

SMITMART, L.L.C.

Principal Place of Business

**ONE EAST CAMELBACK ROAD, SUITE 1100
 PHOENIX AZ 85012-1656**

Mailing Address

**ONE EAST CAMELBACK ROAD, SUITE 1100
 PHOENIX AZ 85012-1656**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

86-0799660

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

Lexis Document Services

Street Address (P.O. Box Number is Not Acceptable)

3453 W. W. Kelley Road

City

Tallahassee

FL

Zip Code

32311

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 **Lisa A. James, Lisa A. James, Assistant Secretary**

2/12/02

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 **MGRM** ☐ Delete
 NAME **MALK, BRIAN C TRUSTEE**
 STREET ADDRESS **5080 SHOREHAM PLACE, SUITE 100**
 CITY-ST-ZIP **SAN DIEGO CA 92122**

TITLE **MGRM** ☐ Delete
 NAME **ZARCADES, PETER A TRUSTEE**
 STREET ADDRESS **5080 SHOREHAM PLACE, SUITE 100**
 CITY-ST-ZIP **SAN DIEGO CA 92122**

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED

Brian C. Malk 2-14-02 858-787-

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

Date

Daytime Phone #

546.0033

CR2E083 (9/01)