

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001775

1. Entity Name

SMARTMAIL, LLC

SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP -1 AM 10:02

Principal Place of Business

5101 TAMPA WEST BLVD., SUITE 300
TAMPA FL 33634

Mailing Address

5101 TAMPA WEST BLVD., SUITE 300
TAMPA FL 33634

2. Principal Place of Business

Corporate-1500 Southpoint Dr
Suite, Apt. #, etc.
200

3. Mailing Address

1500 Southpoint Dr., Ste 200
Suite, Apt. #, etc.
200

City & State

Forest Park, GA

City & State

Forest Park, GA

Zip

30297

Country

Zip

30297

Country

4. FEI Number

11-3363430

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HOLLESCHAU, RANDALL E
4714 OCEAN BLVD.
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name: James Martell
Street Address (P.O. Box Number is Not Acceptable): 314 Ringing Point Dr.
City: Sarasota FL Zip Code: 34234

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

7-20-00

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE: James Martell
NAME: 314 Ringing Point Dr.
STREET ADDRESS: Sarasota, FL 34234
CITY-ST-ZIP: MGR

TITLE: Stephen Murdock
NAME: 40 Cloister Cove
STREET ADDRESS: Newnan, GA 30265
CITY-ST-ZIP: MGR

TITLE: Sean Smith
NAME: 15104 Summerwood Ln.
STREET ADDRESS: Alpharetta, GA 30005
CITY-ST-ZIP: MGR

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE:
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STREET ADDRESS:
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CITY-ST-ZIP:
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10. ADDITIONS/CHANGES

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

TITLE:
NAME: 300003390233--6
STREET ADDRESS: -09/12/00--01071--006
CITY-ST-ZIP: *****50.00 *****50.00

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

TITLE:
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

7/20/00

Date

Daytime Phone #

CR2E083 (5/00)