2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

SQUIRREL POINT

3. Mailing Address

City & State

Suite, Apt. #, etc.

TAVARES FL 32778

15815 ACORN CIRCLE

P00000021575 **DOCUMENT #**

1. Entity Name

Principal Place of Business

2. Principal Place of Business

15815 ACORN CIRCLE

Suite, Apt. #, etc.

City & State

SOUIRREL POINT

TAVARES FL 32778

SMANIA ENTERPRISES, INC.



FILED May 22, 2003 8:00 am Secretary of State

05-22-2003 90136 002 ***155.00

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☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 59-3638081 Not Applicable

			 				 				
Zip		Country	Zip `	C	Country 5. (rtificate of Status Desired				
	6. Name	and Address of Current i	Registered Age	nt ~	T	7. N	ame and Address of New F	legistered A	gent		
LAMONI_&_NEIMAN, P.A. TWO-SOUTH BISCAYNE BLVD.			Street Addre	 							
STE-335 0					421	4DIA EXCENATED APIVE					
MIAML FL-33131			104		D BC WATCK		<u>.</u>				
141,ADDL FG-30101				City OR	City ORLANDO FL Zip Code 32804						
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
After	r May 1, 200	FEE IS \$150.00 Fee will be \$550.00 Florida Department of	State				Election Campaign Fir Trust Fund Contribution			May Be to Fees	
10.		OFFICERS AND [DIRECTORS		11.	ADE	DITIONS/CHANGES TO OFF	ICERS AND	DIRECTORS	IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	DP SMANIA, N 15815 ACC TAVARES I	orn circle squirrel		2 3/000	TITLE NAME STREET ADDRESS CITY-ST-ZIP			100	☐ Change	☐ Addition	
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12. I hereby o	ertify that the	information supplied with	this filing does n	ot qualify for the	exemption stated in	Section 1	19.07(3)(i), Florida Statutes.	I further certi	y that the in	formation	

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.

SIGNATURE:

attachment

#P0000021575

Mary Ann Smania

15815 Acorn Circle Tavares, FL 32778 PHONE (352) 343-8517 FAX (352) 343-8916

May 16, 2003

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL. 32302-1500

Re: Documen #P00000021575

Dear Sir/Madam:

Enclosed is my corporation's uniform business report dated April 14, 2003, and the accompanying check for \$155.00. (\$150.00 filing and \$5.00) I am requesting that penalty be abated for reasonable cause.

Earlier this year I changed accountants, as well as the registered agent for the corporation, and apparently this got buried in the pile of papers I had thrust upon her. If this is a problem please notify me as soon as possible.

Thank you for your attention to this matter.

Sincerely,

Mary and Smare Mary Ann Smania