

5/14/

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 27, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90210 011 \*\*\*150.00

**DOCUMENT # P00000031731**

1. Entity Name

**STRATEGIC MARKETING & COMMUNICATIONS, INC.**

Principal Place of Business

Mailing Address

7419 NW 76TH CT.  
TAMARAC FL 333217419 NW 76TH CT.  
TAMARAC FL 33321

2. Principal Place of Business

3. Mailing Address

7417 NW 76TH CT

7417 NW 76TH CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

TAMARAC

City &amp; State

City &amp; State

FL

TAMARAC FL

4. FEI Number

650994511

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee RequiredZip  
33321Country  
USAZip  
33321Country  
USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEMMINGS, MARK  
7419 NW 76TH CT.  
TAMARAC FL 33321

Name

HEMMINGS, MARK

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

7417 NW 76TH CT

City

TAMARAC

FL

Zip Code

33321

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

4-30-01

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete  
 NAME **HEMMINGS, MARK**  
 STREET ADDRESS **P. O. BOX 5661**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33310**

TITLE **OWNER** ☒ Change ☐ Addition  
 NAME **HEMMINGS, MARK**  
 STREET ADDRESS **7417 NW 76TH CT**  
 CITY-ST-ZIP **TAMARAC 33321**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-01

CR2E034 (10/00)