

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90329 014 ***150.00

DOCUMENT # P00000037594

1. Entity Name

SAM-MARI, INC.



Principal Place of Business

**2800 NORTH PONCE DE LEON BOULEVARD
ST. AUGUSTINE FL 32084**

Mailing Address

**2800 NORTH PONCE DE LEON BOULEVARD
ST. AUGUSTINE FL 32084**

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

65-1010761

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**NOFAL, MARILYN YANNI
2800 NORTH PONCE DE LEON BOULEVARD
ST. AUGUSTINE FL 32084**

7. Name and Address of New Registered Agent

Name

FRITTS, JIMMY H.

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

11 MAGNOLIA DUNES CIRCLE

City

ST. AUGUSTINE

FL

Zip Code

32080

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PSD**
STREET ADDRESS **NOFAL, MARILYN YANNI**
CITY-ST-ZIP **224 JOEY DRIVE
ST. AUGUSTINE FL 32084**

TITLE ☐ Delete
NAME **VTD**
STREET ADDRESS **FRITTS, SAM**
CITY-ST-ZIP **453 PILGRIM CHURCH ROAD
LEXINGTON NC 27292**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **DIR NOFAL, MARILYN YANNI**
STREET ADDRESS **11 MAGNOLIA DUNES CIR**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32080**

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

TITLE ☐ Change ☒ Addition
NAME **PD JIMMY H. FRITTS**
STREET ADDRESS **11 MAGNOLIA DUNES CIR.**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32080**

TITLE ☐ Change ☒ Addition
NAME **SEC/DIR ERIC FRITTS**
STREET ADDRESS **HAWKEN 108 2ND ST.**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32080**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

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