2001 UNIFORM BUSINESS REPORT (UBR)

May 07, 2001 8:00 am DOCUMENT # P0000057874 Secretary of State S.M.D. PROPERTY MANAGEMENT, INC. 05-07-2001 90015 049 ***150.00 Principal Place of Business Mailing Address C/O SUSAN DANIELS C/O SUSAN DANIELS 545CDW 5345 COURTNEY CIR. 5345 COURTNEY CIR. **BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437** 2. Principal Place of Business 3. Mailing Address P.O. Box 740283 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4, FEI Number 45-1000449 City & State City & State Applied For BOYNTON BEACH Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33474-0283 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DANIELS, SUSAN MARIE Street Address (P.O. Box Number is Not Acceptable) 5345 COURTNEY CIR. **BOYNTON BEACH FL 33437** City Zip Code 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. 4-25-01 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS TREASURER ;R2E034 (10/00) ☐ Change Addition Addition ☐ Delete TITLE TITLE GERARD BRUNS 16 SW TAMARROW PLACE NAME NAME STREET ADDRESS STREET ADDRESS STUART, FL 34997 CITY-ST-ZIP CITY-ST-ZIP SECRETARY ELIZABETH JEAN BRUNS TITLE ☐ Delete TITLE NAME NAME 916 SW TAMARROW PLACE STREET ADDRESS STREET ADDRESS STUART, FL 34997 CITY-ST-ZIP CITY-ST-ZIP Addition □ Delete TITLE TITLE MARK DANIELS NAME NAME 5345 COURTNEY CIRCLE STREET ADDRESS STREET ADDRESS BOYNTON BCH, FL 33437 CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 eath; 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 Dayline Phone #