

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90052 002 ***158.75

DOCUMENT # P00000074919

1. Entity Name
SMART ADVERTISING, INC.

Principal Place of Business
15841 PINES BLVD STE 200
PEMBROKE PINES FL 33027

Mailing Address
15841 PINES BLVD STE 200
PEMBROKE PINES FL 33027

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 **65-1032836**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PUTTERMAN, MARC
17254 NW 7TH STREET
PEMBROKE PINES FL 33029

NEW ADDRESS ONLY

7. Name and Address of New Registered Agent

Name **PUTTERMAN, MARC**
 Street Address (P.O. Box Number is Not Acceptable) **19445 SW 14 STREET**
PEMBROKE PINES, FL
 City **FL** Zip Code **33029**

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  **PRESIDENT** **3-11-02**
 Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

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, 2002 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

TITLE ☐ Delete
 NAME **PSD**
 STREET ADDRESS **POTTERMAN, MARC**
 CITY-ST-ZIP **17254 NORTHWEST 7TH STREET**
PEMBROKE PINES FL 33029

TITLE ☐ Delete
 NAME **VTD**
 STREET ADDRESS **POTTERMAN, JACQUELINE M**
 CITY-ST-ZIP **17254 NORTHWEST 7TH STREET**
PEMBROKE PINES FL 33029

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **PRESIDENT**
 STREET ADDRESS **MARC POTTERMAN**
 CITY-ST-ZIP **19445 SW 14 ST.**
PEMB. PINES, FL 33029

TITLE ☒ Change ☐ Addition
 NAME **VICE PRESIDENT**
 STREET ADDRESS **JACQUELINE M. POTTERMAN**
 CITY-ST-ZIP **19445 SW 14 ST.**
PEMB. PINES FL 33029

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

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

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:  **PRESIDENT**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-02 954-450-7251
 Date Daytime Phone #

CR2E034 (9/01)