

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90165 008 ***150.00

DOCUMENT # P00000084740

1. Entity Name

SMJ GLOBAL SOURCING, INC.

000400

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2840 WESTBAY DRIVE

Suite, Apt. #, etc.

3. Mailing Address

2840 WEST BAY DRIVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BELLEAIR BLUFFS, FL

City & State

BELLEAIR BLUFFS, FL

Zip

33770

Country

USA

Zip

33770

Country

USA

4. FEI Number

65-1087800

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

COX, JERRY L

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

2840 WEST BAY DRIVE

City BELLEAIR BLUFFS

FL

Zip Code
33770

**DO NOT WRITE
IN THIS SPACE**

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

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
COX, JERRY L.
2840 WEST BAY DRIVE
BELLEAIR BLUFFS, FL 33770

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JERRY L. COX, VP

Date

(727)562-5365

Daytime Phone #

CR2E034B (12/01)