FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jul 25, 2001 8:00 am P00000111044 DOCUMENT # **Secretary of State** 1. Entity Name SMF & P. INC. 07-25-2001 90006 017 ***150.00 Principal Place of Business Mailing Address 6933 SUNSET STRIP 6933 SUNSET STRIP SUNRISE FL 33313 SUNRISE FL 33313 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name -DAVIS. JULIET Street Address (P.O. Box Number is Not Acceptable) 6933 SUNSET STRIP SUNRISE FL 33313 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. 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 \$550.00 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 September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **DPST** Delete TITLE Change ☐ Addition NAME DAVIS, JULIET NAME 6933 SUNSET STRIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33313 CITY-ST-ZIP ☐ Delete TITLE D۷ TITLE Change ☐ Addition NAME HESLOP, STEVE NAME STREET ADDRESS 6933 SUNSET STRIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33313 ⊋ŤITLE Qelete TITLE ☐ Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 epoch 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 of 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 3/1 againsts, with all other like empowered.

SIGNATURE:

SICYZZURE REQUIRED

4/16/01

Daytime Phone #

SMF & P, Inc 6933 Sunset Strip Sunrise, FL 33313

20074834

July 16, 2001

Uniform Business Report
Division Of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Re: Uniform Business Report, Document # P00000111044

I am writing to advise you that the 2001 Uniform Business Report, mailed to SMF & P, Inc. was delivered in error to my neighbor by the Post Office and was received by me this past weekend (after the filing deadline).

Due to the fact that I've had no previous experience with this report filing, I was not aware of the filing deadline.

Please accept my report at this time and waive all additional late charges.

Enclosed is a check in the amount of \$150.00 for the 2001 Uniform Business Report for SMF & P, Inc.

I thank you for your understanding.

Very truly yours,

Juliet Davis, President