

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

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90126 006 ***150.00

DOCUMENT # P01000006240

1. Entity Name
SMG VENTURES OF SW FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

639844

2. Principal Place of Business
5 West Walnut Street
Suite, Apt. #, etc.

3. Mailing Address
7268 Cedar Hollow Circle
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Avon Park, Florida

City & State
Bradenton, Florida 34203

4. FEI Number
~~XXXX~~ 65-1074390

Applied For
Not Applicable

Zip
33825

Country
US

Zip
34203

Country
US

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
James M. Michaelson

Street Address (P.O. Box Number is Not Acceptable)
7268 Cedar Hollow Circle

City
Bradenton, FL Zip Code
34203

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 *James M. Michaelson*
James M. Michaelson, President

April 14, 2002
DATE

(NOTE: Registered Agent signature required when reinstating)

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
Director
James M. Michaelson
7268 Cedar Hollow Circle
Bradenton, Florida 34203

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
James L. Goins
7266 Cedar Hollow Circle
Bradenton, Florida 34203

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Matthew D. Shinn
915 Middle Street
Mediapolis, Iowa 32637

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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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: *James M. Michaelson*
James M. Michaelson, President

April 14, 2002
Date Daytime Phone #

CR2E034B (12/01)