

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

DOCUMENT # P01000010276

1. Entity Name
ITSMART, INC.



02-27-2003 90714 001 ***150.00
02-27-2003 90714 002 *****8.75

Principal Place of Business
465 TURTLE CIRCLE
SATELLITE BEACH FL 32937

Mailing Address
465 TURTLE CIRCLE
SATELLITE BEACH FL 32937



2. Principal Place of Business
840 N. Atlantic Ave.

3. Mailing Address
840 N. Atlantic Ave.

Suite, Apt. #, etc.
C 503

Suite, Apt. #, etc.
C 503

City & State
Cocoa Beach FL

City & State
Cocoa Beach

Zip Country
32931 USA

Zip Country
32931 U.S.A

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3694940

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KUBOI, SUMIKO
465 TURTLE CIRCLE
SATELLITE BEACH FL 32937

7. Name and Address of New Registered Agent

Name Kuboi, Sumiko
Street Address (P.O. Box Number is Not Acceptable)
840 N. Atlantic Ave. C503
City Cocoa Beach FL Zip Code 32931

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Sumiko Kuboi President 02-21-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	KUBOI, SUMIKO	
STREET ADDRESS	465 TURTLE CIRCLE	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	DV	<input type="checkbox"/> Delete
NAME	LERRA, MARCO	
STREET ADDRESS	465 TURTLE CIRCLE	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LOPEZ, CLAUDE	
STREET ADDRESS	17 PLYMOUTH ROAD	
CITY-ST-ZIP	WINCHESTER MA 01890	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUBOI, SUMIKO	
STREET ADDRESS	840 N. Atlantic Ave. C503	
CITY-ST-ZIP	Cocoa Beach FL 32931	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCO LERRA	
STREET ADDRESS	840 N. Atlantic Ave C503	
CITY-ST-ZIP	Cocoa Beach FL 32931	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sumiko Kuboi president 02-21-03 321 868 1005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

07/28/00 AV

CR2E034 (10/02)