

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90188 043 ***150.00

0505967
 AV

DOCUMENT # P01000063284

1. Entity Name

SAMARKAND ASSOCIATES, INC.

Principal Place of Business

**4061 BONITA BCH RD. STE 104
 BONITA SPRINGS FL 34134**

Mailing Address

**4061 BONITA BCH RD. STE 104
 BONITA SPRINGS FL 34134**

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 **59-3731256**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**ADAMS, ROBIN J
 4061 BONITA BCH RD, STE 104
 BONITA SPRINGS FL 34134**

7. Name and Address of New Registered Agent

Name **B. MAITLAND-SMITH**
 Street Address (P.O. Box Number is Not Acceptable) **4061 BONITA BEACH RD SUITE 104**
 City **BONITA SPRINGS FL 34134**

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) ☐

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 **P** ☐ Delete
 NAME **ADAMS, ROBIN J**
 STREET ADDRESS **1107 WESTMORELAND RD**
 CITY-ST-ZIP **ALEXANDRIA VA 22308**

TITLE **ST** ☐ Delete
 NAME **MAITLAND-SMITH, BRIAN**
 STREET ADDRESS **4061 BONITA BCH RD, STE 104**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. MAITLAND-SMITH
SECRETARY
4/23/02

Date

Daytime Phone

941 949 5590

CR2E034 (9/01)