

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90639 034 ***150.00

0543179 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
24600 SOUTH TAMMAM, TRAIL
Suite, Apt. #, etc. *208*

Mailing Address
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-3731256**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

MAITLAND-SMITH, B
~~4061 BONITA BCH RD. STE 104~~
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

Name
24600 SOUTH TAMMAM, TRAIL
STE 208
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *address change only* 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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ADAMS, ROBIN J	
STREET ADDRESS	1107 WESTMORELAND RD	
CITY-ST-ZIP	ALEXANDRIA VA 22308	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MAITLAND-SMITH, BRIAN	
STREET ADDRESS	4061 BONITA BCH RD. STE 104	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	B. MAITLAND-SMITH	
STREET ADDRESS	24600 SOUTH TAMMAM, TRAIL	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03

Date Daytime Phone #

CR2E034 (10/02)