

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000078496

FILED
May 01, 2003
Secretary of State

Entity Name: SMART BANK SYSTEMS INC.

Current Principal Place of Business:

124 WISTERIA DRIVE
LONGWOOD, FL 32779

New Principal Place of Business:

490 NORTH STREET
SUITE 108
LONGWOOD, FL 32750

Current Mailing Address:

124 WISTERIA DRIVE
LONGWOOD, FL 32779

New Mailing Address:

490 NORTH STREET
SUITE 108
LONGWOOD, FL 32750

FEI Number: 59-3735436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, PHILLIP
124 WISTERIA DRIVE
LONGWOOD, FL 32779

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: O/D () Delete
Name: ALLEN, PHILLIP
Address: 124 WISTERIA DRIVE
City-St-Zip: LONGWOOD, FL 32779 US

Title: O/D () Delete
Name: WEIDNER, TIMOTHY B
Address: 100 CRESTWOOD DR.
City-St-Zip: LONGWOOD, FL 32779 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY B WEIDNER

O/D

05/01/2003

Electronic Signature of Signing Officer or Director

_____ Date