2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jun 16, 2003 8:00 am Secretary of State 05-02-2003 90261 018 ***150.00

DOCUMENT # P01000109614 1. Entity Name SMITCOM, INC.						JJV2000			
Principal Place of Business 5000 COLONIAL DRIVE		Post ō	Mailing Address POST OFFICE BOX 14477			i •	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
TAMPA FL 336		TAMPA (FL 33690			, lti			
2. Principal F	Place of Business	3. Mailir	ng Address			lá]		
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & Sta	te	City &	State		4. F	El Number	4-1 3	Applied For Not Applicable	
Zip	Country	Zip		Country	, 5. C	Certificate of Status Desired [□ . \$8.75 / Fee Requ		
	6. Name and Address of Cu	rrent Registered	Agent	Name		tame and Address of New Regis	tered Agent		
SMITH, B	j							<u></u>	
	ONIAL DRIVE			Street A	Address (P.O. B	ox Number is Not Acceptable)		· 	
TAMPA FL	: 33890			City			FL Zip C	ode	
8. The above	named entity submits this statem	ent for the purpos	se of changing it	s registered office o	registered age	ent, or both, in the State of Florida.		h, and accept	
the obliga	tions of registered agent.								
SIGNATURE	Signature, typed or printed name of registered	agent and title if applic	able. (NO	TE: Registered Agent signa	ture required when ref	instating)	DATE		
Afte	ILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550 k Payable to Florida Departme	0.00				Election Campaign Financi Trust Fund Contribution.		.00 May Be led to Fees	
10.	OFFICERS	AND DIRECTOR		11.	ADI	DITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 11	
TITLE 💥 🤾	SMITH, BONNIE		Delete	TITLE NAME			Changi	B .	
STREET ADDRESS	4210 W OBISPOST TAMPA FL 33629			STREET ADDRESS CITY-SI-ZIP		:			
TITLE NAME	V Smith, bj		☐ Delete	TITLE NAME	Sairt	in I	Change	Addition	
	LACA IN ADIADAGE	*		STREET ADDRESS CITY-ST-ZIP		5			
TITLE			☐ Deleta	TITLE			Change	Addition	
NAME = STREET ADDRÉSS"				NAME 					
CITY-ST-ZIP				CITY-ST-ZIP	ļ				
title Name			Delete	TITLE NAMÉ			Change	noitibbA 🔲	
STREET ADDRESS CITY-ST-ZIP	3			STREET ADDRESS CITY-ST-ZIP					
TITLE NAME			Delete	TITLE NAME			Change	Addition	
name Street address City-St-21P				STREET ADDRESS CITY-ST-ZIP	 			•	
IITLE			☐ Delete	TITLE			☐ Changa	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			,	NAME STREET ADDRESS CITY-ST-ZIP		•			
12. I hereby indicated	certify that the information supplied on this report or supplemental reproporation or the receiver or trustee to on an attachment with an aptir	ont is true and ac	curate and that	or the exemption sta my signature shall he has required by Cha	ave the same le	gal effect as it made under cath; t	that I am an office	er or director	
SIGNAT	TURE: Harris	TURE	REQUIE	1217_		4.79.03	313 748	77.62	
	SIGNATURE AND TYPE	OR PRINTED NAME	OF SIGNING OFFICER	OR DIRECTOR		Date	Daytime Phone #		