

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90266 034 ***150.00

0164757 AV

DOCUMENT # P02000024326

1. Entity Name
SM DANIEL & ASSOCIATES, INC.



Principal Place of Business
**118 ALLEN ROAD
HOLLYWOOD FL 33023**

Mailing Address
**118 ALLEN ROAD
HOLLYWOOD FL 33023**

11010011



2. Principal Place of Business
3600 So State Rd. 7 #234
Suite, Apt. #, etc.
Suite 234

3. Mailing Address
3600 South State Rd. 7
Suite, Apt. #, etc.
Suite 234

☒ CHECK HERE IF MAKING CHANGES

City & State
Miramar, Florida
Zip
33023
Country
US

City & State
Miramar, Florida
Zip
33023
Country
US

4. FEI Number
020561919
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DANIEL, SONYA M
118 ALLEN ROAD
HOLLYWOOD FL 33023**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

Signature, typed or printed, name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/03

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	D	<input type="checkbox"/> Delete
NAME	CLENDINEN, EUGENE G	
STREET ADDRESS	16045 SELBORNE DRIVE	
CITY-ST-ZIP	SAN LEANDRO CA 94578	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAILEY, ORTHAN	
STREET ADDRESS	16 OXFORD LANE	
CITY-ST-ZIP	HARRIMAN NY 10926	
TITLE	D	<input type="checkbox"/> Delete
NAME	DANIEL, VERTILEE B	
STREET ADDRESS	216 TWO WILLIAMS	
CITY-ST-ZIP	ST. CROIX VI 00841	
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	P/D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIEL, SONYA M.	
STREET ADDRESS	118 ALLEN ROAD	
CITY-ST-ZIP	HOLLYWOOD, FL 33023	
TITLE	V/D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIEL, LAWRENCE A.	
STREET ADDRESS	350 NW 134 AVENUE #204	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
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		
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/03 (954) 989-1825
Date Daytime Phone #

CR2E034 (10/02)