

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90130 025 ***150.00

DOCUMENT # P02000025984

1. Entity Name
SMT DESIGN / ESTIMATING INC.



Principal Place of Business
5335 W HILLSBORO BLVD LOT 712
COCONUT CREEK FL 33073

Mailing Address
5335 W HILLSBORO BLVD LOT 712
COCONUT CREEK FL 33073

2. Principal Place of Business
5335 W HILLSBORO BLVD

3. Mailing Address
5335 W HILLSBORO BLVD

Suite, Apt. #, etc.
LOT # 712

Suite, Apt. #, etc.
LOT # 712

City & State
COCONUT CREEK FL.

City & State
COCONUT CREEK FL.

Zip Country
33073 USA

Zip Country
33073 USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAYLOR, STEPHEN D
5335 W HILLSBORO BLVD LOT 712
COCONUT CREEK FL 33073

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

STEPHEN D TAYLOR
(NOTE: Registered Agent signature required when reinstating)

4/27/03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PRESIDENT**
STREET ADDRESS **MARIANA CERUTI TAYLOR**
CITY-ST-ZIP **5335 W HILLS BORO BLVD LOT 712**
COCONUT CREEK FL 33073

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: MARIANA CERUTI TAYLOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/03
Date

954-698-0911
Daytime Phone #

CR2E034 (10/02)