

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-17-2003 90209 001 ***150.00

DOCUMENT # P02000027171

1. Entity Name
SMLJ, INC.



Principal Place of Business
**10288 SUNSET BEND DRIVE
BOCA RATON FL 33428-**

Mailing Address
**10288 SUNSET BEND DRIVE
BOCA RATON FL 33428-**

2. Principal Place of Business
9353 W. SAMPLE RD.
Suite, Apt. #, etc.
203

3. Mailing Address
9353 W. SAMPLE RD.
Suite, Apt. #, etc.
203

City & State
Coral SPRINGS, FL
Zip
33065 Country
FLORIDA

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Coral SPRINGS, FL
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4. FEI Number
EIN 27-0004533

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

6. Name and Address of Current Registered Agent

**OSHINSKY, LEONARD ESQ.
1150 EAST HALLANDALE BEACH BLVD.
SUITE A
HALLANDALE BEACH FL 33009**

7. Name and Address of New Registered Agent

Name
H. DANIEL GILBERT
Street Address (P.O. Box Number is Not Acceptable)
10288 SUNSET BEND DR.
City
BOCA RATON FL Zip Code
33428

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

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 NAME STREET ADDRESS CITY-ST-ZIP	D H. DANIEL GILBERT 10288 SUNSET BEND DRIVE BOCA RATON FL 33428-	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILBERT, NATALIE N 10288 SUNSET BEND DRIVE BOCA RATON FL 33428-	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

H. DANIEL GILBERT PRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)