

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2003 8:00 am
Secretary of State

5/1

05-01-2003 90325 007 ***150.00

DOCUMENT # P02000029437

1. Entity Name
SMARTVIEW CORPORATION



55047781

Principal Place of Business
630 SW 18TH STREET
BOCA RATON FL 33486

Mailing Address
630 SW 18TH STREET
BOCA RATON FL 33486

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0470617

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

AUGUSTINE, RAYMOND A SR.
5433 A LAKEFRONT BLVD.
DELRAY BEACH FL 33484

Current Registered Agent

Name **KATHLEEN B. PETERS**
Street Address (P.O. Box Number is Not Acceptable)
630 SW 18th St
City **Boca Raton** FL Zip Code **33486**

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

Kathleen B. Peters

4-25-03

Signature, typed or printed name of registered agent and fee is 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

PRESIDENT

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP
Mr. Thomas Peters
630 SW 18th St
Boca Raton, FL 33486

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
KATHLEEN B. PETERS
630 SW 18th St
BOCA RATON FL 33486

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE NAME
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STREET ADDRESS
CITY-ST-ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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:

Thomas Peters

4-25-03

561-368-3467

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E004 (10/02)