FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State
02-10-2003 90437 017 ***150.00

DOCUMENT # P02000068265

1. Entity Name
SMRJJM, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
111 SILVER BEACH AVENUE	111 SILVER BEACH AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAYTONA BEACH, FL	City & State: DAYTONA BEACH, FL
Zip: 32118 Country: VOLUSIA	Zip: 32118 Country: VOLUSIA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 043688064 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MICHAEL RICCITIELLO JR

Street Address (P.O. Box Number is Not Acceptable): 111 SILVER BEACH AVENUE

City: DAYTONA BEACH, FL Zip Code: 32118

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. MICHAEL RICCITIELLO JR. (ADDRESS CHANGE)

SIGNATURE: Michael Riccitiello Jr. 02/05/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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: PRESIDENT - P NAME: SUZANNE M. RICCITIELLO STREET ADDRESS: 111 SILVER BEACH AVENUE CITY-ST-ZIP: DAYTONA BEACH, FL 32118	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: **DO NOT WRITE IN THIS SPACE**
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SUZANNE M. RICCITIELLO

SIGNATURE: Suzanne M. Riccitiello 02/05/03 386-323-9913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #