

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

05-01-2003 90359 005 ***150.00
P02000103814

DOCUMENT # P02000103814

1. Entity Name
SMTM CONSULTING, INC.



FILED

03 MAY 28 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1066 SW 25TH WAY
BOYNTON BEACH FL 33426

Mailing Address
1066 SW 25TH WAY
BOYNTON BEACH FL 33426

2. Principal Place of Business

3. Mailing Address

P.O. BOX 715
Suite, Apt. #, etc.

P.O. BOX 715
Suite, Apt. #, etc.

City & State

MINNEOLA, FLA

City & State

MINNEOLA, FLA

Zip
34755

Country
USA

Zip
34755

Country
USA

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

JIMENEZ, MORGAN
1066 SW 25TH WAY
BOYNTON BEACH FL 33426

Name
JIMENEZ, MORGAN

Street Address (P.O. Box Number is Not Acceptable)

10831 ARROW TREE BLVD

City
CLERMONT

FL

Zip Code
34711

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JIMENEZ, MORGAN
1066 SW 25TH WAY
BOYNTON BEACH FL 33426 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
10831 ARROW TREE BLVD
CLERMONT, FLA 34711

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

Date

321-303-0167

Daytime Phone #

CR2E034 (10/02)