2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 91010 026 ***150.00

DOCUMENT # **P02000103824**

1. Entity Name
SMTM CONSTRUCTION, INC.

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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
P.O. BOX 715	P.O. BOX 715
Suite, Apt. #, etc.	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

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

7. Name and Address of New Registered Agent

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	10831 ARROW TREE BLVD CLERMONT, FLA. 34711	☒ Change ☐ Addition
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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)(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: ____________________ 4/29/03 321-303-0167
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)