

2004 FOR PROFIT CORPORATION
FRT (AR)

ENT # P03000022633

1. Entity Name

SEBMIC REALTY CORP.



Principal Place of Business

1786 TRADE CENTER WAY, STE. 6
NAPLES FL 34109

Mailing Address

1786 TRADE CENTER WAY, STE. 6
NAPLES FL 34109

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SZUGYI, MICHAEL
1786 TRADE CENTER WAY, STE. 6
NAPLES FL 34109

Name

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

City

FL Zip Code

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 \$550.00
DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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 D
NAME SZUGYI, MICHAEL
STREET ADDRESS 1786 TRADE CENTER WAY, STE. 6
CITY-ST-ZIP NAPLES FL 34109

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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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

Debby Reeler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90015 001 ***150.00

54063450



MOORE CR2E034 (4/04)

4. FEI Number **32-0064150** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

FL Zip Code

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

\$5.