

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED ATX1
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # P05000074693	
1. Entity Name	
SMATHIS INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1784 HOLLOW GLEN DR		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIDDLEBURG, FL		City & State	
Zip 32068-6880	Country	Zip	Country

U000000859537
04/02/08-80026-006 150.00

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0545311	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name MATHIS, SHARON L.	
Street Address (P.O. Box Number is Not Acceptable) 1784 HOLLOW GLEN DR.	
City MIDDLEBURG	FL Zip Code 32068

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

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 ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHIS, SHARON L. 1784 HOLLOW GLEN DR. MIDDLEBURG, FL 32068	TITLE NAME 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)(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.

SIGNATURE *Sharon L Mathis* SHARON L. MATHIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-08 904 887-6479
Date Daytime Phone #