

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90783 025 ***150.00

DOCUMENT # P93000066484

1. Entity Name
SOFTWARE MANAGEMENT CONSULTANTS INC.



Principal Place of Business
**380 SEMORAN COMMERCE PLACE
B208
APOPKA FL 32703
US**

Mailing Address
**380 SEMORAN COMMERCE PLACE
B208
APOPKA FL 32703
US**

2. Principal Place of Business

235 HUNT CLUB BLVD

3. Mailing Address

235 HUNT CLUB BLVD

Suite, Apt. #, etc.

SUITE 101

Suite, Apt. #, etc.

SUITE 101

City & State

LONGWOOD FL

City & State

LONGWOOD FL

Zip

32779

Country

USA

Zip

32779

Country

USA

4. FEI Number **59-3206598**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAIORELLO, ALFRED
380 SEMORAN COMMERCE PLACE
SUITE B208
APOPKA FL 32703**

7. Name and Address of New Registered Agent

Name
MAIORIELLO, ALFRED

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

235 HUNT CLUB BLVD

SUITE 101

City
LONGWOOD

FL

Zip Code
32779

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

4-11-03

**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

TITLE **P** ☐ Delete
NAME **MAIORIELLO, ALFRED**
STREET ADDRESS **380 SEMORAN COMMERRCE PLACE #B208**
CITY-ST-ZIP **APOPKA FL**

TITLE **V** ☐ Delete
NAME **LEE, RONNIE**
STREET ADDRESS **612 QUAIL DRIVE**
CITY-ST-ZIP **CHERAW SC 29520**

TITLE **V** ☐ Delete
NAME **JORDAN, IV A**
STREET ADDRESS **121-A DR, AHRDDY CIRCLE**
CITY-ST-ZIP **DILLON SC**

TITLE **ST** ☐ Delete
NAME **JORDAN, THOMAS M**
STREET ADDRESS **116 DR HARDY CIRCLE**
CITY-ST-ZIP **DILLON SC**

TITLE **V** ☐ Delete
NAME **JORDAN, L. COOPER**
STREET ADDRESS **225 LAKESIDE DRIVE**
CITY-ST-ZIP **DILLON SC 29536**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

Date

Daytime Phone #

4/14/03 467-869-9111

CR2E034 (10/02)