2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   P94000071083

1. Entity Name

SMARTLIVING, INC.

P94000071083

FILED

02 AUG 26 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4307 WOODMERE RD TAMPA FL 33609 US	4307 WOODMERE RD TAMPA FL 33609 US

DO NOT WRITE IN THIS SPACE

08-20-02 90131 013 $158.75

2. Principal Place of Business	3. Mailing Address	4. FEI Number 59-3333300	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.		Not Applicable
City & State	City & State	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEWELL, PENNY 4307 WOODMERE RD TAMPA FL 33609	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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐	**FILE NOW!!! FEE IS $150.00** After May 1, 2002 Fee will be $550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐	$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME DEWELL, ROD STREET ADDRESS 4307 WOODMERE ROAD CITY-ST-ZIP TAMPA FL 33609	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME MARLOWE, PATRICK C STREET ADDRESS ~~1124 RICARDO PL N~~ CITY-ST-ZIP ~~ST. PETERSBURG FL 33702~~	☐ Delete	TITLE NAME MARLOWE, PATRICK C. STREET ADDRESS 5401 BAYOU GRANDE BLVD. NE CITY-ST-ZIP ST. PETE. FL 33703	☒ Change ☐ Addition
TITLE D NAME MARLOWE, STEPHEN D STREET ADDRESS 210 S HUBERT AVE CITY-ST-ZIP TAMPA FL 33609	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ S E DEWELL   4/26/02 (408) 835-1177