

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000071083

1. Entity Name
SMARTLIVING, INC.



FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90812 022 ***158.75

0456405
AV

Principal Place of Business
4307 WOODMERE RD
TAMPA FL 33609
US

Mailing Address
4307 WOODMERE RD
TAMPA FL 33609
US

2. Principal Place of Business
N/C

3. Mailing Address
N/C

Suite, Apt. #, etc.

City & State

Zip

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

7. Name and Address of New Registered Agent
Name
ROD DEWELL

Street Address (P.O. Box Number is Not Acceptable)
4307 WOODMERE RD

City
TAMPA 33609 FL

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 *Rod Dewell* *ROD DEWELL* 4/20/03
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

TITLE D
NAME DEWELL, ROD
STREET ADDRESS 4307 WOODMERE ROAD
CITY-ST-ZIP TAMPA FL 33609 ☐ Delete

TITLE D
NAME MARLOWE, PATRICK C
STREET ADDRESS 5401 BAYOU GRANDE BLVD. NE
CITY-ST-ZIP ST. PETERSBURG FL 33703 ☒ Delete

TITLE D
NAME MARLOWE, STEPHEN D
STREET ADDRESS 210 S HUBERT AVE
CITY-ST-ZIP TAMPA FL 33609 ☒ Delete

TITLE DIRECTOR
NAME CROSS, BILL
STREET ADDRESS 3084 LAWRENCE EXPY
CITY-ST-ZIP SANTA CLARA, CA 95051 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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: *Rod Dewell* *ROD DEWELL* 4/20/03 813-289-7119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *

CR2E034 (10/02)