2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000013234

GRAUS, KIMBERLY

9021 TOWN CENTER PKWY

BRADENTON, FL 34202

Name: Address:

City-St-Zip:

Entity Name: SM-PLAZA, INC.

Feb 09, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 9021 TOWN CENTER PKWY BRADENTON, FL 34202 **Current Mailing Address: New Mailing Address:** 9021 TOWN CENTER PKWY BRADENTON, FL 34202 FEI Number: 65-0573702 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GRAUS, KIMBERLY MCALLISTER-SMITH, KIMBERLY M 9021 TÓWN CENTER PKWY 9021 TOWN CENTER PKWY BRADENTON, FL 34202 BRADENTON, FL 34202 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: KIMBERLY M MCALLISTER-SMITH 02/09/2002 Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition NEWSOME, JOHN S Name: Name: 9021 TOWN CENTER PKWY Address: Address: City-St-Zip: BRADENTON, FL 34202 City-St-Zip: () Delete DVST Title: () Change () Addition Title: DOYLE, MICHEAL J Name: Name: 9021 TOWN CENTER PKWY Address: Address: BRADENTON, FL 34202 City-St-Zip: City-St-Zip: VPD Title: (X) Change () Addition Title: () Delete VD. EDMONDSON, LOUIS EDMONDSON, LOUIS E Name: Name: 9021 TOWN CENTER PKWY 9021 TOWN CENTER PKWY Address: Address: City-St-Zip: BRADENTON, FL 34202 City-St-Zip: BRADENTON, FL 34202 Title: () Delete Title: VAS (X) Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: KIMBERLY M MCALLISTER-SMITH V 02/09/2002

MCALLISTER-SMITH, KIMBERLY M

9021 TOWN CENTER PKWY

BRADENTON, FL 34202