

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90131 038 ***150.00

DOCUMENT # P95000027957

1. Entity Name

SMART MORTGAGES UNLIMITED, INC.

Principal Place of Business

**4947 TAMiami TRAIL NORTH
 SUITE 203
 NAPLES FL 34103**

Mailing Address

**4947 TAMiami TRAIL NORTH
 SUITE 203
 NAPLES FL 34103**

2. Principal Place of Business

**3455 Pine Ridge Road
 Suite, Apt. #, etc.
 Ste. 101**

3. Mailing Address

**2910 70th Street, SW
 Suite, Apt. #, etc.**

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

65-0570231

Applied For

Not Applicable

Zip

34109

Country

USA

Zip

34105

Country

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GRANT, GLENN E
 4947 TAMiami TRAIL NORTH
 SUITE 203
 NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name

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

3455 Pine Ridge Rd., Ste 101

City

Naples

FL

Zip Code

34109

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 **Debbi Grant, Debbi Grant - Sec/Treasurer**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-23-02

Address Only

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

TITLE **P** ☐ Delete
 NAME **GRANT, GLENN E**
 STREET ADDRESS **4947 TAMiami TRAIL N STE 203**
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE **ST** ☐ Delete
 NAME **GRANT, DEBRA W**
 STREET ADDRESS **4947 TAMiami TRAIL N STE 203**
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3455 Pine Ridge Rd, Ste 101**
 CITY-ST-ZIP **Naples, FL 34109**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2910 70th Street, SW**
 CITY-ST-ZIP **Naples, FL 34105**

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

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: **Debbi Grant, Debbi Grant - Sec/Treasurer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-02

Date

(941) 213-1740

Daytime Phone #

CR2E034 (9/01)