FILED
02 JUL -8 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05-28-2002 91699 004 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000016071

1. Entity Name
SELLSMART, INC.

Principal Place of Business
3260 W KEVIN LANE
LECANTO FL 34461

Mailing Address
P.O. BOX 995
LECANTO FL 34460

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip / Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip / Country

4. FEI Number 59-3444603 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NEFF, CHERYL F
3260 W KEVIN LANE
LECANTO FL 34461

7. Name and Address of New Registered Agent
Name: CHERYL NEFF PHILLIPS
Street Address (P.O. Box Number is Not Acceptable): 3260 W. KEVIN LANE
City: LECANTO FL Zip Code 34461

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]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
APRIL 26, 2002
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P NEFF, CHERYL F 3260 W KEVIN LN LECANTO FL 34461	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST KABIS, WALTER 1536 SW 151 AVE PEMBROKE PINES FL 33027	☒ 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D CHERYL NEFF PHILLIPS 3260 W. KEVIN LANE LECANTO, FL 34461	☒ Change ☐ Addition
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
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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: [signature] CHERYL N. PHILLIPS 4.26.02 (352) 527-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

T BROWN JUL - 8 2002