2002 UNIFORM BUSINESS REPORT (UBR)

Apr 04, 2002 8:00 am Secretary of State **DOCUMENT #** P96000068345 1. Entity Name 04-04-2002 90020 042 ***150.00 JC, SMEŁA & DUBOIS, INC. Principal Place of Business Mailing Address 1211 STARDUST LANE 1211 STARBUST LANE NORTH LAUDERDALE FL 33068 NORTH LAUDERDALE FL 33068 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State - --Applied For 4. FEI Number 65-0695480 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **DUBOIS, CATHI** Street Address (P.O. Box Number is Not Acceptable) 1211 STARDUST LANE NORTH LAUDERDALE FL 33068 City Zip Code FI 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. IOTE: Registered Agent signature required when reinstati DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 ☐ Addition TITLE ☐ Delete TITLE NAME NAME DUBOIS, KEVIN A JR STREET ADDRESS STREET ADDRESS 81 SURFSIDE RD CITY-ST-ZIP CITY-ST-ZIP SCITUATE MA 02066 Change ☐ Addition TITLE Delete TITLE NAME NAME SMELA. DENISE A STREET ADDRESS STREET ADDRESS 653 BANKS RD. CITY-ST-ZIP CITY-ST-ZIE MARGATE FL 33063 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME **DUBORS, CATHI** STREET ADDRESS STREET ADDRESS 1211 STARDUST LN CITY-ST-ZIP CITY-ST-ZIP N LAUDERDALE FL 33068 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

Daytime Phone #

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 atta-

SIGNATURE: