**FILED** 

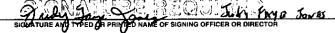
Feb 14, 2002 8:00 am

## , 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000071515  1. Entity Name SMART VENTURES, INC.					Secretary of State 02-14-2002 90093 011 ***150.00				
812 FAIRWAY	e of Businees DR BEACH FL 32168	Mailing Address P.O. BOX:1044 NEW SMYRNA BEACH FL	32170			Section of the sectio			
US . US									
2. Principal Place of Business		3. Mailing Address			1				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		<b>4.</b> F	59-3430220		plied For Applicable		
Zip	Country	Zip Cou		ountry		Certificate of Status Desired	\$8.75 Addi	itional	
	6. Name and Address of Current F	L L L L L L L L L L L L L L L L L L L				7. Name and Address of New Registered Agent			
				Name					
•	udy faye Way drive	-		Street Address (		(P.O. Box Number is Not Acceptable)			
	/RNA BEACH FL 32168								
			T	City		F	Zip Code	,	
8. The above	named entity submits this statement for	the purpose of changing its re	egistered	office or registe	ered ag	ent, or both, in the State of Florida.			
SIGNATURE .	•								
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Ag	gent signature require	ed when re	einstating) DATE			
9. This corporation is eligible to satisfy its Intangible  Tax filing requirement and elects to do so.  (See criteria on back)		After May 1, 200	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta		ate	10. Election Campaign Financing Trust Fund Contribution.		May Be to Fees	
11. OFFICERS AND DIRE						J DDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	S IN 11	
TITLE			TITLE				☐ Change	Addition	
NAME STREET ADDRESS	JONES, JUDY FAYE 812 FAIRWAY DRIVE NEW SMYRNA BEACH FL		NAME STREET A	l l					
CITY-ST-ZIP TITLE	NEW SMITHNA BEACH FL	☐ Delete	TITLE	- 2117			Change	Addition	
NAME STREET ADDRESS		er en . *	NAME STREET A		_				
*CITY-ST-ZIP			CITY-ST	-218			☐ Change	Addition	
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	Addition	
STREET ADDRESS			STREET	ADDRESS				1	
CITY-ST-ZIP			CITY-ST	- ZIP					
TITLE		☐ Delete	TITLE				Change	☐ Addition	
NAME CYRCET ADDRESS			NAME STREET	ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY-ST	<b>I</b>					
TITLE	-	☐ Delete	TITLE				Change	Addition	
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET /	ADDRESS -ZIP					
TITLE		☐ Delete	TITLE				Change	Addition	
NAME		□ Delete	NAME					_	
STREET ADDRESS			STREET	ADDRESS					

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:



11/10/02

386 - 433 - 067 9 Daytime Phone #