

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

07-31-2001 90243 039 \*\*\*150.00

**DOCUMENT # P97000004054**

1. Entity Name

**SME CLERICAL SERVICES, INC.**

Principal Place of Business

**5223 SHEA'S COVE  
 LADY LAKE FL 32159**

Mailing Address

**P. O. BOX 1048  
 LADY LAKE FL 32158  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3429414**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLHORN, MICHAEL D ESQ  
 10935 S.E. 177TH PLACE  
 SUITE 204  
 SUMMERFIELD FL 34491**

Name

*Maura Nathanson*

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

*SME Clerical Services Inc.*

*5223 Shea's Cove*

City

*LADY LAKE*

**FL**

Zip Code

*32159*

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 *Maura A. Nathanson*

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

(NOTE: Registered Agent signature required when reinstating)

*7/25/01*

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **PVD**  
 STREET ADDRESS **NATHANSON, MAURA**  
 CITY-ST-ZIP **5223 SHEA'S COVE**  
**LADY LAKE FL 32159**

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

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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: *Maura A. Nathanson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/25/01*  
 Date

*(352) 347-4411*  
 Daytime Phone #

0107941 AT

CR2E034 (5/01)