

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000028774

1. Entity Name

SMART CARD INTERNATIONAL, INC.

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90105 043 ***150.00

0451974

Principal Place of Business
101 BENT TREE DRIVE
SUITE #53
DAYTONA BEACH FL 32114

Mailing Address
P.O. BOX 265500
DAYTONA BEACH FL 32126

80015933



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
803 FAIRWAY DR.
Suite, Apt. #, etc.
Suite #2
City & State
NEW SMYRNA BEACH, FL
Zip
32168
Country

3. Mailing Address
803 FAIRWAY DR.
Suite, Apt. #, etc.
Suite #2
City & State
NEW SMYRNA BEACH, FL
Zip
32168
Country

4. FEI Number 59-3457329 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
TOLLEY, MARIAN P
101 BENT TREE DRIVE
SUITE #53
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
803 FAIRWAY DR
Suite #2
City
NEW SMYRNA BEACH FL Zip Code
32168

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 Marian P. Tolley - MARIAN P. TOLLEY 01/28/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) 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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	OPT TOLLEY, MARIAN P 101 BENT TREE DR COODS #53 DAYTONA BEACH FL 32114	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	803 FAIRWAY DR, Suite #2 NEW SMYRNA BEACH, FL. 32168	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPS ANTONIELLO, ANNA M 1420 N. ATLANTIC AVENUE, SUITE 1202 DAYTONA BEACH FL 32118	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	803 FAIRWAY DR, Suite #2 NEW SMYRNA BEACH, FL. 32168	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Marian P. Tolley 01/28/01 (904) 478-1220
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)