2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State
05-21-2001 90353 049 ***150.00

DOCUMENT # P98000010514

1. Entity Name
SME Group, Inc.

Principal Place of Business / Mailing Address
P.M.B. 323
3101 SW 34th Avenue, #905
Ocala, FL 34474

A0070651

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Same	P.M.B. 323
Suite, Apt. #, etc.	Suite, Apt. #, etc. 3101 SW 34th Ave., #905
City & State	City & State Ocala, FL
Zip / Country	Zip 34474 / Country USA

4. FEI Number 59-3497352 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Susan Eschenbach
3240 SW 34th Street, #509
Ocala, FL 34474

7. Name and Address of New Registered Agent
Name: same
Street Address (P.O. Box Number Is Not Acceptable)
City FL Zip Code

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, 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, 2000 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: Pres / NAME: Susan J. Eschenbach / STREET ADDRESS: 3240 SW 34th St. #509 / CITY-ST-ZIP: Ocala, FL 34474	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: V.Pres. / NAME: Helmut G. Eschenbach / STREET ADDRESS: same / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: Susan G. Eschenbach 4/30/01 (352) 854-6522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #