

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000040955

FILED
May 16, 2002 8:00 AM
Secretary of State

Entity Name: SM VISION MARKETING INC.

Current Principal Place of Business:

255 NW TERRAPIN DR., SUITE 2
DUNNELLON, FL 34431

New Principal Place of Business:

2189 SW TIMBERLAKE RD
DUNNELLON, FL 34431

Current Mailing Address:

255 NW TERRAPIN DR., SUITE 2
DUNNELLON, FL 34431

New Mailing Address:

2189 SW TIMBERLAKE RD
DUNNELLON, FL 34431

FEI Number: 59-3509372

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLSTON, DEBORAH L
255 NW TERRAPIN DR., SUITE 2
DUNNELLON, FL 34431

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: MOONEY, SCOTT A
Address: 255 NW TERRAPIN DR STE 2
City-St-Zip: DUNNELLON, FL 34431

Title: VSD () Delete
Name: MOONEY, KRISTIN M
Address: 255 NW TERRAPIN DR., SUITE 2
City-St-Zip: DUNNELLON, FL 34431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: MOONEY, SCOTT A
Address: 2189 SW TIMBERLAKE RD
City-St-Zip: DUNNELLON, FL 34431

Title: VSD (X) Change () Addition
Name: MOONEY, KRISTIN M
Address: 2189 SW TIMBERLAKE RD
City-St-Zip: DUNNELLON, FL 34431

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT A. MOONEY

PTD

05/16/2002

Electronic Signature of Signing Officer or Director

_____ Date