

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State
 05-18-2000 90313 021 ***150.00

DOCUMENT # P98000042654

1. Entity Name

S&M VISIONS, INC.

Principal Place of Business

**4801 LINTON BLVD #11A-206
 DELRAY BEACH FL 33445**

Mailing Address

**4801 LINTON BLVD #11A-206
 DELRAY BEACH FL 33445-6503**

2. Principal Place of Business

4081 NE 15TH TERR.
 Suite, Apt. #, etc.

3. Mailing Address

4081 NE 15TH TERR.
 Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

Zip

33334

Country

Zip

33334

Country

4. FEI Number

65-0837854

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**JAHN, MARY
 4801 LINTON BLVD #11A-206
 DELRAY BEACH FL 33445**

7. Name and Address of New Registered Agent

Name

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

TITLE	P	<input type="checkbox"/> Delete
NAME	JAHN, MARY	
STREET ADDRESS	4801 LINTON BLVD #11A-206	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCGAUGHEN, STEVEN	
STREET ADDRESS	4801 LINTON BLVD #11A-206	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCCAUGHEY, ANTHONY	
STREET ADDRESS	4081 NE 15TH TERR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAHN, MARY	
STREET ADDRESS	4081 NE 15TH TERR.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAUGHEY, STEVEN	
STREET ADDRESS	4081 NE 15TH TERR.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00 **561-573-4777**
 Date Daytime Phone #

CR2E034 (9/99)