

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90449 049 \*\*\*150.00

DOCUMENT #

1. Entity Name

P98000053067 ✓

S + M Sales and Marketing, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4501 Gossamer Ct.

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Zip

33624

Country

U.S.A.

Zip

Country

4. FEI Number

59-3520482

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

658852

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

John McCarthy

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

4501 Gossamer Ct.

City

Tampa,

FL

Zip Code

33624

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 of officer or director of registered agent and file if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

5-10-02

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
President  
John McCarthy  
4501 Gossamer Ct. Tampa, FL 33624

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-02

(813) 963-5541

# FTD ADDRESS CHANGE

An address change here changes your address on the FTD coupons only.

New Address 4501 Gossamer Ct.  
 City Tampa  
 State FL. Zip 33624  
 Telephone Number (813) 963-5541

Form 8109-C (Rev. 10-96)

Employer Identification Number (EIN)

OMB No. 1545-0257

59-3520482 180612

S & M SALES MARKETING INC  
 10958 N 56TH ST  
 TEMPLE TERRACE FL 33617-3004

07

INTERNAL REVENUE SERVICE CENTER  
 ATLANTA, GA 39901

Send FTD Address Change and correspondence to the IRS address above.

2/20/99 Kelly D.  
 NSF - Natl  
 FF card.

RP Marketing -  
 5/22/98  
 unsatisf.

DRIVER LICENSE  
CLASSE

Florida

The Sunshine State

LICENSE NUMBER  
**M263-466-60-340-0**

JOHN F MCCARTHY  
 4501 GOSSAMER CT  
 TAMPA, FL 33624-1034

|                        |                     |                       |       |          |
|------------------------|---------------------|-----------------------|-------|----------|
| BIRTH DATE<br>09-20-60 | SEX<br>M            | HGT.<br>6-03          | REST. | ENDORSE. |
| ISSUED<br>08-12-87     | EXPIRES<br>09-20-03 | DUPLICATE<br>00-00-00 |       |          |

ORGAN DONOR

SAFE DRIVER

Operation of a motor vehicle constitutes consent to any sobriety test required by law.