

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90019 007 ***550.00

DOCUMENT # P98000060103

1. Entity Name

SPECIALTY MARKET CONSULTANTS, INC.

Principal Place of Business

P.O. BOX 8447
 CLEARWATER FL 33758

Mailing Address

P.O. BOX 8447
 CLEARWATER FL 33758

2. Principal Place of Business

P.O. BOX 717

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 717

Suite, Apt. #, etc.

City & State

TARPON SPRINGS, FL.

City & State

TARPON SPRINGS, FL.

Zip

34688

Country

PINELLAS

Zip

34688

Country

PINELLAS

4. FEI Number

35-1949495

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ACCOUNTING & TAX HELP, INC.
8668 PARK BLVD.
SUITE A
SEMINOLE FL 33777

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO JONAS, K. MICHAEL P.O. BOX 8447 CLEARWATER FL 33758 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	p Jonas, K. Michael P.O. Box 717 Tarpon Springs, FL. 34688 <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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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:

Michael Jonas
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Jonas

7/24/00

Date

(727) 937-5565

Daytime Phone #

To Whom it may concern at the
Florida Department of State,

I have been moving and my UBR
got misplaced, and I just found it.
Please abate the \$400.00 additional fee.
I had every intention of filing in a
timely fashion, but circumstances beyond
my control prevented me from doing
so. Please know that this will never
happen again. Thank You.

Respectfully,

K. Michael Jonas

K. Michael Jonas
of Special Market Consultants, Inc.