

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100741

1. Entity Name

SMR REAL ESTATE, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90041 008 ***150.00

Principal Place of Business

8578 SE COCONUT ST
HOBE SOUND FL 33455
US

Mailing Address

8578 SE COCONUT ST
SUITE 400
HOBE SOUND FL 33455-2915
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0881560**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

KOZLOW, WARREN
7000 WEST PALMETTO PARK ROAD
SUITE 400
BOCA RATON FL 33433

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	DPST	<input type="checkbox"/> Delete
NAME	RUSSELL, SHARON	
STREET ADDRESS	8578 SE COCONUT ST	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	V <i>Bard</i>	<input type="checkbox"/> Delete
NAME	BAPU, LORI R	
STREET ADDRESS	30 KNIGHTWOOD LN	
CITY-ST-ZIP	HILLSBOROUGH CA 94010	
TITLE	V	<input type="checkbox"/> Delete
NAME	HUGHES, KIMBERLY	
STREET ADDRESS	910 HACKLEBERRY LN	
CITY-ST-ZIP	CANTON MS 39401	
TITLE	V	<input type="checkbox"/> Delete
NAME	RUSSELL, STACEY	
STREET ADDRESS	1717 N BAYSHORE #2137	
CITY-ST-ZIP	MIAMI FL 33132	
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	<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	
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:

Sharon Russell President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-00

Date

561-546-5484

Daytime Phone #

CR2E034 (9/99)