2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR P99000033751 DOCUMENT # 1. Entity Name SJM EQUITY CORP.



03-06-2003 90125 020 ***150.00

100050001

CHECK HERE IF MAKING CHANGES				
4. FEI Number 65-0910413			Applied For	
00-09 104 10			Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required		
7. Name and Address of New Registered Agent				

DATE

GREENFIELD, WILLIAM R Street Address (P.O. Box Number is Not Acceptable) 2300 GLADES ROAD SUITE 100E **BOCA RATON FL 33431** City

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

SUITE 100E

2300 GLADES ROAD

BOCA RATON FL 33431

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. I am familiar with, and accept the obligations of registered agent.

11.

(NOTE: Registered Agent signature required when reinstating)

Country

7.

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

Country

6. Name and Address of Current Registered Agent

Principal Place of Business

2. Principal Place of Business

2300 GLADES ROAD

BOCA RATON FL 33431

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

10.

TITLE

SUITE 100E

9. Election Campaign Financing Trust Fund Contribution.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

\$5.00 May Be Added to Fees

Zip Code

☐ Delete TITLE ☐ Change Addition NAME GREENFIELD, WILLIAM R NAME STREET ADDRESS 2300 GLADES ROAD SUITE 100E STREET ADDRESS BOCA RATON-FL 33431 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THUE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNatuhe SIGNATURE AND TYPED OR PRINTED NA E OF SIGNING OFFICER OR DIRECTOR

☐ Delete

NRED William R. Greenfield

2/17/03

561-392-6662

☐ Change

☐ Addition

Daytime Phone #