

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90003 030 ***150.00

DOCUMENT # P99000035057

1. Entity Name

S.M.I. FINANCIAL SERVICES CORPORATION

Principal Place of Business

**5944 34TH STREET N
 SUITE 6
 ST. PETERSBURG FL 33714**

Mailing Address

**5944 34TH STREET N
 SUITE 6
 ST. PETERSBURG FL 33714**

2. Principal Place of Business

4505 Park Blvd

Suite, Apt. #, etc.

6

City & State

Pinellas Park

Zip

33781

Country

USA

3. Mailing Address

4505 Park Blvd

Suite, Apt. #, etc.

6

City & State

Pinellas Park

Zip

33781

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3570220

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

TO, HOANG BRUCE

5944 34TH STREET N

SUITE 6

ST. PETERSBURG FL 33714

7. Name and Address of New Registered Agent

Name

To, Hoang Bruce

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

4505 Park Blvd # 6

City

Pinellas Park

FL

Zip Code

33781

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

1/30/02

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, 2002 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 **DP** ☐ Delete
 NAME **BRUCE, TO H**
 STREET ADDRESS **5944 34TH STREET N SUITE 6**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33714**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
 NAME **BRUCE, TO H**
 STREET ADDRESS **4505 Park Blvd #6**
 CITY-ST-ZIP **Pinellas Park FL 33781**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

1/30/02 **(727) 547 8776**

Daytime Phone #

CR2E034 (9/01)