2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000048335

1. Entity Name

STRATEGIC MEDECISIONS, INCORPORATED



FILED Sep 08, 2003 8:00 am Secretary of State

09-08-2003 90143 022 ***550.00

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Suite Apt. 4, etc. Suite, Apt	4762 AUGUSTA AVE.		4762	4762 AUGUSTA AVE.				# 1 3.6) . 6. (
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Zip Country Single Co	Suite, Apt. #	#, etc.		Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
S. Certificate of Statutu Deserted Fee Required	City & State			City	City & State			4. FE	El Number	65-09	24886			``
MURPHY, PATRICK 4672 AUGUSTA AVE. OLDSMAR FL 34677 6. The above named onlity 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. SIGNATURE Symuse, typec or prefeta name dringsimed agent and 969 / applicable.	Zip	Zip Country			1			5. Certificate of Status Desired See Required \$8.75 Additional Fee Required						Iditional ed
MURPHY, PATRICK 4972 AUGUSTA AVE. OLDSMAR FL 34677 ** 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. ** ** ** ** ** ** ** ** **	6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent													
AFT AUGUSTA AVE. QUBMAR RI. 34877 City FL Zip Coce 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. SIGNATURE FILE NOW!!! FEE IS \$550.00 Atter September 10, 2003 Fee Will be \$750.00 Make Check Payable to Florida Department of State 10.	MURPHY I	PATRICK	ΑΨ,											
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. It am familiar with, and accept the obligations of registered agent. Signature Supmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent. Signature types or prefer forms of registered agent and set a suplicable. **Registered Agent signature requises when certaining** Part	4672 AUGI	usta ave					Street Addr	ress (P.O. Bo	x Number is	s Not Acc	eptable) 		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signatur, typeac or printed name of tragistered agent and see if applicable. (NOTE Registered Agent about the required when retressing)		FL 346//	•				İ							
THE HONDING After September 10, 2003 Fee Will be \$750.00 Make Check Payable to Florida Department of State Payable Payable to Florida Department of State	} '•		· .				City					FL	Zip Cod	de
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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 with an address, with all other like empowered.

SIGNATURE: