

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000055278

1. Entity Name

SM MANAGEMENT CO., INC.

FILED
Sep 19, 2000 8:00 am
Secretary of State

09-19-2000 90001 028 ***550.00

Principal Place of Business

375 12TH AVENUE SOUTH
NAPLES FL 34102

Mailing Address

375 12TH AVENUE SOUTH
NAPLES FL 34102

2. Principal Place of Business

3403 Winkler Avenue
Suite, Apt. #, etc.

3. Mailing Address

3403 Winkler Avenue
Suite, Apt. #, etc.

City & State

Ft. Myers, FL

Zip

33916

City & State

Ft. Myers, FL

Zip

33916

4. FEI Number

65-1027519

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

7. Name and Address of New Registered Agent

Name

Faga, Antonio ESO.

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

375 12th Avenue S.

City

Naples

FL

Zip Code
34102

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 **Sign Here**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	STEVENS, MICHAEL	
STREET ADDRESS	375 12TH AVENUE SOUTH	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stevens, Michael	
STREET ADDRESS	3403 Winkler Avenue	
CITY-ST-ZIP	Ft. Myers, FL 33916	
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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (5/00)

Attachment
DH#P99000055278
A0679572

GOFFMAN, KURZER, LOEWENSTEIN AND COMPANY, LLC
CERTIFIED PUBLIC ACCOUNTANTS

66 MOUNT PROSPECT AVENUE
CLIFTON, NEW JERSEY 07013
TEL: (973) 779-8100
FAX: (973) 779-7138

NAME: SM Management Co., Inc.

Date: September 8, 2000

INSTRUCTIONS FOR FILING FORM FL-2000 UBR FOR THE YEAR ENDED 12/31/99

2

Page 1 must be signed and dated by:

The return is due by:

Line #8 - Antonio Faga

September 13, 2000

Line #13 - Michael Stevens

Amount of fee \$ 550.00

Mail return to:

Make check payable to:

Division of Corporations

Uniform Business Report

DEPARTMENT OF STATE

Filings

P.O. Box 1500

Tallahassee, FL 32302-1500

PLEASE RETAIN THE ATTACHED COPY FOR YOUR FILES