

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**  
 05-27-2002 90356 016 \*\*\*150.00

**DOCUMENT # P99000085120**

1. Entity Name  
**S.F.T. RESOURCES, INC.**

Principal Place of Business  
**3170 N. FEDERAL HWY.  
 SUITE 100  
 LIGHTHOUSE POINT FL 33064**

Mailing Address  
**3170 N. FEDERAL HWY.  
 SUITE 100  
 LIGHTHOUSE POINT FL 33064**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0970403**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, ROBERT H.**  
**3170 N FEDERAL HWY, SUITE 116**  
**LIGHTHOUSE POINT FL 33064**

Name **Robert H. Smith**  
 Street Address (P.O. Box Number is Not Acceptable) **3170 N Federal Hwy, Suite 100**  
 City **Lighthouse Point FL** Zip Code **33064**

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 *Robert H. Smith*

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ST	<input type="checkbox"/> Delete
NAME	SMITH, ROBERT H	
STREET ADDRESS	3170 N. FEDERAL HWY., #100	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	P	<input type="checkbox"/> Delete
NAME	STOVALL, PAUL	
STREET ADDRESS	130 STATE ROAD 84	
CITY-ST-ZIP	FORT LAUDERDALE FL 330	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	STOVALL, JOHN C	
STREET ADDRESS	P.O. BOX 8668	
CITY-ST-ZIP	DEERFIELD BEACH FL 33443	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*Robert H. Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)