...ed UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State
05-23-2000 90268 050 ***150.00

DOCUMENT # P 99000110109

S. M. Amaco, Inc.

Place of Business	Mailing Address
	1210 S.E. McFarlane Ave. Port St. Lucie, Fl 34952

2. Principal Place of Business	3. Mailing Address
Street Address (P.O. Box Number is Not Acceptable)	Suite, Apt. #, etc.
City & State	City & State
Country / Zip	Country / Zip

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3618680 — 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
	Name: Jane Said
	Street Address (P.O. Box Number is Not Acceptable): 1210 S.E. McFarlane Ave
	City: Port St Lucie FL Zip Code: 34952

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: Jane Said — DATE: 4-27-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

The corporation is eligible to satisfy its intangible ... filing requirement and elects to do so. ☐

10. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
P ☐ Delete Jane Said 1210 S.E. McFarlane Ave Port St. Lucie Fl 34952	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
VP-S ☐ Delete Raymond Said 1210 S.E. McFarlane Ave Port St Lucie Fl 34952	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

CR2E031 (9/98)

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: Jane Said — 4-27-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #