

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000110109**1. Entity Name
S.M. AMOCO, INC.Principal Place of Business
**2091 S.E. GATLIN BLVD.
PORT ST. LUCIE FL 34953**Mailing Address
**2091 S.E. GATLIN BLVD.
PORT ST. LUCIE FL 34953**

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

59-3618680

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****SAID, JANE
1210 SE MCFALANE AVE
PORT SAINT LUCIE FL 34952****7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

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

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 12, 2001 Fee 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** ☐ Delete
NAME **SAID, JANE I**
STREET ADDRESS **1210 SE MCFARLANE AVE**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**TITLE **VPS** ☐ Delete
NAME **SAID, RAYMOND**
STREET ADDRESS **1210 SE MCFARLANE AVE**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: **Raymond Said**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90059 021 ***150.00



DO NOT WRITE IN THIS SPACE

0145582
2895410
ds

CR2E034 (5/01)

Attachment
A0084480 8/28-01

D# P99000110109

To whome it may concern:

DEAR SIR

we didn't received the First notice
to pay the fee for the Corporation Registration

Please if you can accept our \$150.00
to the registered fee.

we are very sorry. Please help us

Thank you
Remun Said