2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 14, 2000 8:00 am Secretary of State **DOCUMENT # \$40337** SMS OF SARASOTA, INC. 01-14-2000 90027 003 ***150.00 Principal Place of Business Mailing Address 8045 VIA FIORE 9045 VIA EIGRE SARASOTA FL 34238 ARASOTA FL 34238-5584 DAOTOAG 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For NOT APPLICABLE Not Applier' \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name McCanth SOTO, FREDERICK E. Street Address (P.O. Box Number is Not Acceptable) 8045 VIA FIORE SARASOTA FL 34238 D Midnight Poss Rd. 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 112000 500 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change SHMALO, RAY NAME NAME 7825 ESTANCIA WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition SOTO, FREDERICK E SR NAME NAME STREET ADDRESS 8045 VIA FIORE STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP MCCARTHY DANIEL 5740 MIDNIGHT PASS TITLE TITLE Delete MCCARTHY, DAN J. NAME NAME 5740 MIDNIGHT PASS ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IP SARASOTA FL 34242 CITY-ST-ZIP SALASOTA TITLE Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. rederick E. SOA