

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90123 019 ***150.00

A0042732

DO NOT WRITE IN THIS SPACE

DOCUMENT # S40337 ✓			
1. Entity Name SMS OF SARASOTA, INC.			
Principal Place of Business 5740 MIDNIGHT PASS RD (SAME) UNIT F-304 SARASOTA FL 34242		Mailing Address	
2. Principal Place of Business 5740 MIDNIGHT PASS RD Suite, Apt. #, etc. UNIT F-304		3. Mailing Address 5740 MIDNIGHT PASS RD Suite, Apt. #, etc. UNIT F-304	
City & State SARASOTA FL		City & State SARASOTA FL	
Zip 34242	Country U.S.	Zip 34242	Country U.S.
6. Name and Address of Current Registered Agent DANIEL J. MCCARTHY 5740 MIDNIGHT PASS RD. UNIT F-304 SARASOTA, FL 34242		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
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.		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 Daniel J. McCarthy		DATE	
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See criteria on back)		10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Daniel J. McCarthy (DANIEL J. MCCARTHY)		Date 3/28/01 941 Daytime Phone # 349-4784	

CR2E034 (11/00)