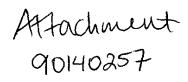
## FILED Jun 24, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION

UNIFURM BUSINESS KEPUKI (UBK)					06-24-2003 90012 015 ***158.75		
DOCUMENT # \$45046  1. Entity Name SMARTCERTIFY DIRECT, INC.					90140257		
Principal Plac	Mailing Address			7721070			
25400 US H	WY 19	25400 US HWY 19 N.			·		
SUITE 285 SUITE 285 CLEARWATER, FL 33763 US . CLEARWATER, FL			uc			•	
CLEARWATER	I, FL 33763 US	CLEARWATER, FL 33763	US				
Principal Place of Business     3. Mailing Address					11.00 to 10.00 to 20.00 to 10.00 to 10.		
Suite, Apt. #, etc. Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number	Applied For	
Zip	Country	Zip	Country		59-3049917	Not Applicable  75 Additional	
,-	)		<b></b> ,		5. Certificate of Status Desired Fee F	Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM							
1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Street Address (P.O. Box Number Is Not Acceptable)			
1							
			City		FL Z	ip 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 Fiorida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE							
File NOW II FEE IS \$150.00 . After May 1, 2003 Fee will be \$550.00 . Make Check Payable to Florida Department of State.  9. Election Campaign Financing Trust Fund Contribution.							
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 11	
TITLE	PD	☐ Delete	TITLE		AMON OF the BOOK /Chief Shotogy Chief	hange 🗌 Addition 🞖	
NAME	PRIEST, GREGORY M		NAME	PRIES	T, GRECIORY NOOUSTRIAL PARKDR.	) 6	
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	Cartify that the Information assessment with	this filling class not mouth for		tad in Sco	Stion 110 07/3VI) Elected Statistics 1 feether seeks the	at the Information	
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: Michael Eisen 6/19/03 729-721-8994							
		RINTED NAME OF SIGNING OFFICER O	R DIRECTOR		Daysime R	hone #	





Preparing You for a Successful IT Career

June 19, 2003

Florida Department of State Division of Corporations

P.O. Box-6327

Tallahassee, FL 32314

RE: Document # \$45046

To whom it may concern,

Attached you will find the 2003 for Profit Corporation Uniform Business Report (UBR).

We apologize for the delay; however the form neglected to arrive in our office at 25400 US Highway 19, North, Clearwater, FL 33763.

If you have any further questions regarding this matter, please contact me at (727) 724-8994 extension 1117.

Cordially,

Heather Linthicum Staff Accountant

Assistant to the Controller

Heather furtheam