

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90011 009 ***150.00

DOCUMENT # S94221

1. Entity Name
SMOOTH MOVES DJ'S INC.

Principal Place of Business
**107 CORPORATION WAY
 SUITE C100M
 VENICE FL 34292
 US**

Mailing Address
**107 CORPORATION WAY
 SUITE C100M
 VENICE FL 34292
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
187 COUGAR WAY

3. Mailing Address
187 COUGAR WAY

Suite, Apt. #, etc.

City & State
ROTONDA WEST, FL

City & State
ROTONDA WEST, FL

Zip
33947

Country
U.S.A.

Zip
33947

Country
U.S.A.

4. FEI Number **65-0297682** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75**: Additional Fee Required

6. Name and Address of Current Registered Agent

**SAMPSON, JON R
 7462 WINCHESTER BLVD
 ENGLEWOOD FL 34224**

7. Name and Address of New Registered Agent

Name **JON R SAMPSON II**

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

City **ROTONDA WEST** FL Zip Code **33947**

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 *Jon R Sampson II* DATE **1/15/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D SAMPSON, JON R. II 7462 WINCHESTER BLVD ENGLEWOOD FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P+D SAMPSON JON R. II 187 COUGAR WAY ROTONDA WEST, FL. 33947	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jon R Sampson II* DATE: **1/15/01** DAYTIME PHONE #: **941-697-7605**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)