2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State
05-15-2001 90123 023 ***150.00

DOCUMENT # V01897

1. Entity Name
STRATEGIC MANAGEMENT SOLUTIONS, INC.

Principal Place of Business	Mailing Address
~~2513 MCMULLEN BOOTH RD #510 S~~	~~2513 MCMULLEN BOOTH RD #510 S~~
~~SUITE 510G~~	~~SUITE 510G~~
~~CLEARWATER FL 33761~~	~~CLEARWATER FL 33761~~
512 Walker Rd.	512 Walker Rd.
Safety Harbor, FL 34695	Safety Harbor, FL 34695

U00026070

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
512 WALKER RD.	512 WALKER RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Safety Harbor, FL	Safety Harbor, FL
Zip: 34695 / Country: USA	Zip: 34695 / Country: USA

4. FEI Number 65-0314617 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

WIAND, BURTON W.
601 CLEVELAND ST.
SUITE 800
CLEARWATER FL

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 James E Morrow — 11/4/01
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 $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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MORROW, JAMES E	NAME	
STREET ADDRESS	512 WALKER RD	STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL	CITY-ST-ZIP	
TITLE	TDS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MORROW, VENA J	NAME	
STREET ADDRESS	512 WALKER RD	STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL	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	
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.

SIGNATURE: James E Morrow — James E. Morrow, Pres. — 4/30/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)