

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2003 8:00 am**  
**Secretary of State**

01-14-2003 90059 025 \*\*\*158.75

**DOCUMENT # V14136**

1. Entity Name  
**S.M.R.T. OF FLORIDA, INC.**



Principal Place of Business

**2051 MAIN STREET  
SUITE 102  
SARASOTA FL 34237  
US**

Mailing Address

**2051 MAIN STREET  
SUITE 102  
SARASOTA FL 34237  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0313743**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMPSON, ARTHUR P  
2051 MAIN STREET  
SUITE 102  
SARASOTA FL 34237**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! 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. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	STEVENS, PAUL S	
STREET ADDRESS	% 2051 MAIN STREET, SUITE 102	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOWALSKI, RICHARD A	
STREET ADDRESS	% 2051 MAIN ST SUITE 102	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KAMINSKY, PHILIP F	
STREET ADDRESS	% 2051 MAIN STREET, SUITE 102	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, ARTHUR P	
STREET ADDRESS	% 2051 MAIN STREET, SUITE 102	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUNNINGHAM, MICHAEL A	
STREET ADDRESS	% 2051 MAIN STREET, SUITE 102	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELKNAP, ELLEN L	
STREET ADDRESS	% 2051 MAIN STREET, SUITE 102	
CITY-ST-ZIP	SARASOTA FL 34237	

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENNIS V. JUD	
STREET ADDRESS	c/o 2051 MAIN ST., SUITE 102	
CITY-ST-ZIP	SARASOTA, FL 34237	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANET L. HANSEN	
STREET ADDRESS	40 2051 MAIN ST., SUITE 102	
CITY-ST-ZIP	SARASOTA, FL 34237	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT L. BENSON	
STREET ADDRESS	40 2051 MAIN ST., SUITE 102	
CITY-ST-ZIP	SARASOTA, FL 34237	
TITLE	CHIEF OPERATING OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID B. ERTZ	
STREET ADDRESS	40 2051 MAIN ST., SUITE 102	
CITY-ST-ZIP	SARASOTA, FL 34237	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/03

207-772-3846

Date

Daytime Phone #

CR2E034 (10/02)