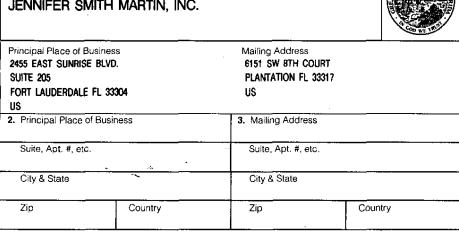
## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR)

V72326 DOCUMENT #

1. Entity Name

JENNIFER SMITH MARTIN, INC.



FILED
Mar 31, 2003 8:00 am §
Secretary of State

03-31-2003 90204 014 \*\*\*150.00



US						
2. Principal Place of Business		3. Mailing Address			T (BEN DINON INDIA ILBAR INNO 11910 DIN DIRI DINU EIRIN DINU EIRIN BIOLI RIPU BIRIN ARDI	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING	G CHANGES	
City & State		City & State		4. FEI Number 65-0368899	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered	Agent	
The second secon			Name	Name		
SCHWENKE, KERRY R			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
SUITE 72						
WEST PALM BEACH FL 33401			City	FL	Zip Code	
	•	for the purpose of changing its	s registered office or regis	stered agent, or both, in the State of Florida. I am	familiar with, and accept	
the obliga	ations of registered agent.					
SIGNATURE	Signature, typed or printed name of registered age	AICO	TE Designation of the second s	uired when reinstating) DATE		
		ent and title if applicable. (NO	TE: Registered Agent signature requ	DIFFE WHEN TERISIZIZING)		
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.0 k Payable to Florida Department	•		Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTIN, JENNIFER 2455 E SUNRISE BLVD, STE 2 FT. LAUDERDALE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME . STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP		☐ Change ☐ Addition	

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: