2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 07, 2001 8:00 am Secretary of State **DOCUMENT # 312407** SMITH'S RANCH & GARDEN, INC. 02-07-2001 90169 041 ***150.00 Principal Place of Business Mailing Address 117 W. MAGNOLIA STREET 117 W. MAGNOLIA STREET ARCADIA FL 34266 P.O. BOX 231 ARCADIA FL 34266 us 3. Mailing Address 2. Principal Place of Business 117W, Magnolia Struct Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 59-1170928 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired นีว Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Durward C SMITH.D C Street Address (P.O. Box Number is Not Acceptable) 117 WEST MAGNOLIA ST ARCADIA FL 34266 Arcadia 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or joth, in the State of Florida. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition ✓ Delete TITLE TITLE SMITH,D C NAME NAME 1568 SECOND ST STREET ADDRESS STREET ADDRESS CITY-ST-7IP LAKE PLACID FL 33852 CITY-ST-ZIP ☐ Delete ☐ Addition TITLE V/≤/Þ SMITH CINDY, L. NAME NAME Smith Cindy L. Al. 1238 HANSEL RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ARCADIA FL VTD ☐ Delete ☐ Addition TITLE TITLE Smith, D.K. Jr. 1238, NEHansel SMITH, D. C. J. NAME NAME 1238 HANSEL RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ARCADIA FL 34266 CITY-ST-ZIP Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR DIRECTOR

7/T/D

2-4-61 863-494-2142

Daytime Phone #