2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 06, 2001 8:00 am Secretary of State **DOCUMENT #818242** 1. Entity Name SMITH'S INC., OF DOTHAN 02-06-2001 90296 034 ***150.00 Principal Place of Business Mailing Address 488 ROSS CLARK CIRCLE, N.E. 488 ROSS CLARK CIRCLE, N.E. DOTHAN AL 36303 DOTHAN AL 36303 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 63-0335102 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -RICH, JAMES L. 7300 N. HWY. 1771 **BONIFAY FL 32425** 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. 1-30-01 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE WATSON.JOHN H NAME NAME STREET ADDRESS **488 ROSS CLARK CIRCLE NE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOTHAN AL TITLE PD ☐ Delete Change Addition PARKS, THOMAS C. NAME STREET ADDRESS **488 ROSS CLARK CIRCLE NE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOTHAN AL ☐ Addition_ ST ----☐ Delete --TITLE ☐ Change TITLE . CHAMBERS, MARK NAME NAME STREET ADDRESS STREET ADDRESS **488 ROSS CLARK CIRCLE NE** CITY-ST-ZIP CITY-ST-7IP DOTHAN AL Change ___ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

1 - 30 - 01334-794-6721 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Watson Daytime Phone #

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: