2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 19, 2002 8:00 am Secretary of State **DOCUMENT #** P01000091760 1. Entity Name 05-19-2002 90244 026 ***150.00 SMW PROPERTIES, INC. Principal Place of Business Mailing Address 7 BYRSONIMA CT. W. 7 BYRSONIMA CT. W. HOMOSASSA DL 34446 HOMOSASSA DL 34446 2. Principal Place of Business 3. Mailing Address 11 Byrsonima CT W Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For Homosassa 65-1136-78 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PONTICOS, STEPHAN E Street Address (P.O. Box Number is Not Acceptable) 7 BYRSONIMA CT. W. HOMOSASSA FL 34446 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE DIC ☐ Addition ☐ Change NAME PONTICOS, STEPHAN E NAME STREET ADDRESS 7 BYRSONIMA CT. W. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOMOSASSA DL 34446 TITLE TITLE □ Delete Change ☐ Addition NAME TATE, LARRY L NAME STREET ADDRESS STREET ADDRESS 11 BYRSONIMA CT W CITY-ST-ZIP CITY-ST-7IP *** HOMOSASSA FL 34446 TITLE DIP ☐ Delete TITLE Change ☐ Addition NAME NAME PONTICOS, NANCY S STREET ADDRESS STREET ADDRESS 7 BYRSONIMA CT. W. CITY-ST-ZIP HOMOSASSA DL 34446 CITY-ST-ZIP D/5/T TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME TATE, BARBARA J STREET ADDRESS STREET ADDRESS 11 BYRSONIMA CT W CITY-ST-ZIP HOMOSASSA FL 34446 CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

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:

NAME STREET ADDRESS

CITY-ST-ZIP