9/12/01-90158-034-$550.00-$550.00

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 SEP 27 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 219750

1. Entity Name
W.A. SMITH, INC

Principal Place of Business	Mailing Address
5682 SW SMITH AVENUE	P O BOX 123
P O BOX 123	P.O.BOX 123
NOCATEE FL 34268	NOCATEE FL 34268
US	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 59-0795977 — 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
SMITH, M. JANYCE 5682 SMITH AVE. NOCATEE FL 33864	Name: Zona F. Smith Street Address (P.O. Box Number is Not Acceptable): 5750 SW Smith Ave. (P. O. Box 219) Nocatee, Fl. 34268 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.

SIGNATURE Zona F. Smith — 9/07/01 DATE

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 Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After September 12, 2001 Fee will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: D NAME: SMITH JERI LYNN STREET ADDRESS: 8680 NORTH GLEN APT. 251 CITY-ST-ZIP: FRESNO, CA 93711 ☐ Delete	TITLE: D NAME: Allan C. Smith STREET ADDRESS: 43334 32nd St. West #35 CITY-ST-ZIP: Lancaster, Ca. 93536 ☐ Change ☒ Addition
TITLE: DST NAME: SMITH,M JANYCE STREET ADDRESS: 5682 SMITH AVE. CITY-ST-ZIP: NOCATEE FL x ☒ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE: PD NAME: SMITH,LESSIE S STREET ADDRESS: 5682 SMITH AVE. CITY-ST-ZIP: NOCATEE FL ☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE: D NAME: SMITH, RODNEY A. STREET ADDRESS: 6033 TULIP CIRCLE CITY-ST-ZIP: QUARTZ HILL, CA 93536 ☐ Delete	TITLE: DV NAME: Rodney a. Smith STREET ADDRESS: 6033 Tulip Circle CITY-ST-ZIP: Quartz Hill, Ca., 93536 x ☒ Change ☐ Addition
TITLE: D NAME: SMITH, ROBIN STREET ADDRESS: 6449 KEYSTONE ST CITY-ST-ZIP: SIM VALLEY CA 93063 ☐ Delete	TITLE: D NAME: Robin Smith STREET ADDRESS: 16301 Minnehana St. CITY-ST-ZIP: Granada Hills, Ca., 91344 x ☒ Change ☐ Addition
TITLE: DV NAME: SMITH, ZONA STREET ADDRESS: 5750 SMITH AVE. CITY-ST-ZIP: NOCATEE, FL ☐ Delete	TITLE: Sec/Trea NAME: Zona Smith STREET ADDRESS: 5750 Smith Avenue CITY-ST-ZIP: Nocatee, Fl., 34268 x ☒ Change ☐ Addition

CR2E034 (5/01)

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.

SIGNATURE: SIGNATURE RECEIVED — 9/7/01 Date — (863) 494-1460 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR