2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 668853 Mar 03, 2000 8:00 am 1. Entity Name **Secretary of State** ALLEN R. SMITH, P.A. 03-03-2000 90223 003 ***150.00 Mailing Address P.O. BOX 1032 324 4TH ST. NW PO BOX 1032 PO BOX 1032 WINTER HAVEN FL 33882-1032 WINTER HAVEN FL 33881 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1989909 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Allen R. Smith-SMITH, ALLEN R. Street Address (P.O. Box Number is Not Acceptable) 324 4th St. NW 190 AVE. A, N.W. WINTER HAVEN FL 33880 Ting a Cayou, ya CityWinter Haven Zin Code 33881 8. The above named entity subports this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Allen R. Smith Signature, typed or printed of registered agent and title if applicable. 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, 2000 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 (%) 12. 741. si ☐ Addition Delete Change TITLE TITLE SMITH, ALLEN R. NAME NAME STREET ADDRESS STREET ADDRESS 1451 LAKE HOWARD DR.,NW CITY-ST-ZIP, CITY-ST-ZIP WINTER HAVEN FL Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Allen R. Smith 1/13/00 (863) 299-1219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Dayline Phone #

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 aparess, with all other like empowered.

SIGNATURE: