FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 04, 2002 8:00 am F9600000554 DOCUMENT # **Secretary of State** 1. Entity Name 02-04-2002 90133 004 ***150.00 SMITH MYERS USA, INC. Principal Place of Business Mailing Address 1418 NORMAN STREET. NE 1418 NORMAN STREET, NE SUITE 11 SUITE 11 PALM BAY FL 32907 PALM BAY FL 32907 HS 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 02-0464695 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAKER, MARK Street Address (P.O. Box Number is Not Acceptable) 1418 NORMAN STREET, NE SUITE 11 PALM BAY FL 32907 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) DATE 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, 2002 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. (9/01) **CPSD** TITLE Change Addition TITLE ☐ Delete MYERS, PETER J NAME NAME CR2E034 STREET ADDRESS 40 MEADOW WAY LETCHWORTH HENTS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SG6 3HX, UNITED KINGDOM VCVT ☐ Delete TITLE Change Addition TITLE SMITH; ANTHONY J NAME NAME STREET ADDRESS 6 SOLUS CHURCH RD SULTON BEDS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SG192NB, UNITED KINGDOM ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME SMITH, ANTHONY J NAME STREET ADDRESS 6 SOLUS CHURCH RD SULTON BEDS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SG192NB, UNITED KINGDOM ☐ Change Addition TITLE ☐ Delete TITLE NAME BAKER, MARK NAME STREET ADDRESS STREET ADDRESS _1870_KARA_PLACE SW CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32908 TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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

01/15/02 321-726-8815
Date Davirre Phone #