2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **F98000004147** Apr 27, 2000 8:00 am Secretary of State 1. Entity Name SMIT INVESTMENT CORPORATION 04-27-2000 90092 023 ***150.00 Principal Place of Business Mailing Address 5601 SOUND BLUFF ROAD 5601 SOUND BLUFF ROAD OCEAN SPRINGS MS 39564-7953 OCEAN SPRINGS MS 39564 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 64-0897249 Not Applicable Country Zip 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 BODIN, DON Street Address (P.O. Box Number is Not Acceptable) 1290 NORTH PALM AVE SARASOTA FL 34236 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 DATE Signature, typed or printed name of registered agent and title if applicable (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 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 🙀 Change ☐ Addition CP TITLE TITLE ☐ Delete NAME NAME SANGANI, SMITA B STREET ADDRESS 5601 SOUND BLUFF ROAD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP OCEAN SPRINGS_MS 39564 ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME SANGANI, BHARAT H STREET ADDRESS STREET ADDRESS 5601 SOUND BLUFF ROAD CITY-ST-ZIP CITY-ST-ZIP OCEAN SPRINGS MS 39564 ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR