2002 UNIFORM BUSINESS REPORT (UBR)

May 02, 2002 8:00 am § Secretary of State H08665 DOCUMENT # 1. Entity Name 05-02-2002 90038 018 ***150.00 SMITH BUSINESS SERVICES, INC. Principal Place of Business Mailing Address 320 W. CERVANTES ST. 320 W. CERVANTES ST. PENSACOLA FL 32501 PENSACOLA FL 32501 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2418194 Not Applicable Zip Country 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 SMITH, BARBARA D Street Address (P.O. Box Number is Not Acceptable) 320 W. CERVANTES ST. PENSACOLA FL 32501 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, 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DV3--D TITLE Delete TITLE Change ☐ Addition SMITH, ROBERT J. NAME NAME 5605 VESTAVIA LANE STREET ADDRESS STREET ADDRESS PENSACOLA FL 32526 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME SMITH, BARBARA D. NAME 5605 VESTAVIA LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32526 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition SMITH, JAMES T. NAME NAME STREET ADDRESS 6939 CEDAR LAKE DRIVE STREET ADDRESS PENSACOLA FL 32526 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change PINETTE, STEVE NAME NAME 7300 MIRANDA SUE BLUD STREET ADDRESS STREET ADDRESS PENSALOLA, FL 32526 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

FILED