Apr 12, 2001 8:00 am Secretary of State

04-12-2001 90461 001 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J25621

1. Entity Name

SMITH, PAYNE INCORPORATED

Principal Place of Business			Mailing Address									
11383 N WILLIAMS ST DUNNELON FL 34430 US			PO BOX 489 Dunnellon FL 34430 US							D003	5300	
2, Principal Place of Business			3. Mailing Address									
Suite, Apt	. #, etc.		Suite, Apt. #, etc.			\neg	DO NOT WRITE IN THIS SPACE					
City & State			City & State				4. FEI Numbe	59-20	694317			pplied For ot Applicable
Zip Country			Zip Country				5. Certificate	of Status De	esired		8.75 Ad	ditional
	6. Name	egistered Agent				7. Name and Address of New Registered Agent						
					Name							
SMITH, CHARLES J 9671 SW 190TH AVE RD P.O. BOX 489					Street Address (P.O. Box Number is Not Acceptable)							
DUN			City					FL	Zip Coo	le		
		submits this statement for t	 								<u> </u>	
SIGNATURE	Signature, typed	or printed name of registered agent and	d title if applicable. (NOTE	: Registere	d Agent signature re			1, 111 010 010		DATE		
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550 Make Check Payable to Department of				True	ction Camp st Fund Cor				0 May Be to Fees
11.		OFFICERS AND DI	RECTORS	12,			ADDITIONS/	CHANGES	TO OFFIC	ERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, CI 9671 S.W. DUNNELL	190TH AVE	☐ Delete		,						□ Change	Addition A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT SMITH, LO 9671 S.W	DUISE R 190TH AVE	☐ Celete		1						☐ Change	Addition
TITLE = NAME STREET ADDRESS CITY-ST-ZIP	DUNNELL	UN FL	☐ Delete -	TITLE NAME STREE							3443 ☐ Change	Addition ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		• • • • • •	☐ Delete	TITLE NAME STREE							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		ſ						☐ Change	Addition

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 a statement with a statement with a statement with a statement of the corporation of the corporation of the corporation of the receiver of 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 a statement of the corporation of the corporation

Charles T Smith

SIGNATURE:

4/7/01 352/489-084