

2001 UNIFORM BUSINESS REPORT (UBR)

0023153 AF

DOCUMENT # L00000008537

1. Entity Name

SMITH-BAKER ENTERPRISES, LLC

FILED

01 APR 18 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| Principal Place of Business 101 PARK PLACE BLVD., SUITE 1 KISSIMMEE FL 34741 | Mailing Address 101 PARK PLACE BLVD., SUITE 1 KISSIMMEE FL 34741 |
|--|--|

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|---|--|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address P.O. Box 420669 Suite, Apt. #, etc. |
| City & State | City & State KISSIMMEE, FL |
| Zip 34742-0669 | Country |

| | |
|--|--------------------------------|
| 4. FEI Number 59-3658880 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

SMITH, HANNAH L
101 PARK PLACE BLVD., SUITE 1
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

| 9. MANAGING MEMBERS/MEMBERS | |
|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MEMBER VANNA K. BAKER 101 PARK PLACE BLVD., STE 1 KISSIMMEE, FL 34741 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MEMBER SLH REVOCABLE TRUST 101 PARK PLACE BLVD, STE 1 KISSIMMEE, FL 34741 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 800004078238-7 -04/25/01--01032 *****55.00 *****55.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Vanna K. Baker Member VANNA K. BAKER MEMBER 4-16-01 407-933-1980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)