

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000008537

FILED
Apr 28, 2003
Secretary of State

Entity Name: SMITH-BAKER ENTERPRISES, LLC

Current Principal Place of Business:

101 PARK PLACE BLVD., SUITE 1
KISSIMMEE, FL 34741

New Principal Place of Business:

1103 EMMETT STREET
KISSIMMEE, FL 34741

Current Mailing Address:

P.O. BOX 420669
KISSIMMEE, FL 347420669

New Mailing Address:

FEI Number: 59-3658880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BAKER, VANNA K MRS.
1103 EMMETT STREET
KISSIMMEE, FL 34741 US

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: VANNA K. BAKER

04/28/2003

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: M () Delete
Name: BAKER, VANNA K
Address: 101 PARK PLACE BLVD., STE 1
City-St-Zip: KISSIMMEE, FL 34741

Title: M () Delete
Name: SLH REVOCABLE TRUST,
Address: 101 PARK PLACE BLVD., STE 1
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BAKER, VANNA K
Address: 1103 EMMETT STREET
City-St-Zip: KISSIMMEE, FL 34741

Title: MGRM (X) Change () Addition
Name: SLH REVOCABLE TRUST,
Address: 1103 EMMETT STREET
City-St-Zip: KISSIMMEE, FL 34741

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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

MRGM

04/28/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date