2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

9/26/2003-90004-004-$50.00-$50.00

FILED
03 NOV -6 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000027291

1. Entity Name
SPAETH-SMITH, LLC

Principal Place of Business	Mailing Address
1561 ROYAL FOREST LOOP LAKELAND FL 33811	1561 ROYAL FOREST LOOP LAKELAND FL 33811

2. Principal Place of Business	3. Mailing Address
601 ROSSEVELT BLVD	P.O. BOX 369
Suite, Apt. #, etc. Roosevelt	Suite, Apt. #, etc.
City & State TARPON SPRINGS FL	City & State TARPON SPRINGS, FL
Zip 34689 / Country USA	Zip 34688 / Country USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 54-2083704 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPAETH, EDWARD H ~~1561 ROYAL FOREST LOOP~~ LAKELAND FL 33811	Name EDWARD H. SPAETH ~~Street Address (P.O. Box Number is Not Acceptable)~~ 5328 MACOSO CT. City NEW PORT RICHEY FL Zip Code 34655

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 9-22-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES
TITLE MGR NAME EDWARD H. SPAETH STREET ADDRESS 5328 MACOSO CT. CITY-ST-ZIP NEW PORT RICHEY, FL 34655 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE MGR NAME WALTER A. SMITH STREET ADDRESS 1428 BRIARWOOD LN. CITY-ST-ZIP LAKELAND, FL 33803 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition REINSTATEMENT 03 dec
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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: [signature] SIGNATURE REQUIRED 9-22-03 727-372-8338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)