2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

Apr 30, 2002 8:00 am Secretary of State DOCUMENT # L85593 1. Entity Name 04-30-2002 90041 043 ***150.00 GARY SMITH GOLF SERVICES, INC. Principal Place of Business Mailing Address % GARY J. SMITH % GARY J. SMITH 000000 1614 ROUNDLAY LN 4614 ROUNDLAY-LN WINTERPARK FL 32789 WINTERPARK FL 32789 2. Principal Place of Business PHELPS AVE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For 4. FEI Number City & State 59-3015823 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent SMITH, GARY J. 1614 ROUNDLAY LN WINTERPARK FL 32789 agent, or both, in the State of Florida 8. The above named entity submits this statement for the purpose of phanging its registered office or FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. K Change ☐ Addition TITLE TITLE ☐ Delete NAME SMITH, GARY J. NAME WOODLAND DR STREET ADDRESS STREET ADDRESS 1614 ROUNDLAY LANE CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL Change ☐ Addition TITLE ☐ Delete TITLE DT NAME SMITH, SUSAN M. NAME WOODLAND STREET ADDRESS STREET ADDRESS 1614 ROUNDLAY LANE CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL Delete TITLE - Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED