

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 29, 2003 8:00 am**  
**Secretary of State**

08-29-2003 90092 035 \*\*\*150.00

|   |                                 |                                 |   |   |  |
|---|---------------------------------|---------------------------------|---|---|--|
| <b>DOCUMENT # L91978</b><br>1. Entity Name<br><b>AUCTIONEERING SERVICES, INCORPORATED</b>   |                                 |                                 |   |   |  |
| Principal Place of Business <b>3022 CUNARD DR VALRICO, FL 33595-0128</b><br>P. O. BOX 128 VALRICO, FL 33595-0128  |                                 |                                 |   | Mailing Address<br>P. O. BOX 128 VALRICO, FL 33595-0128   |  |
| 2. Principal Place of Business  |                                 | 3. Mailing Address              |   |   |  |
| Suite, Apt. #, etc.   |                                 | Suite, Apt. #, etc.             |   |   |  |
| City & State  |                                 | City & State                    |   |   |  |
| Zip   | Country                         | Zip                             | Country   |   |  |
| 6. Name and Address of Current Registered Agent   |                                 |                                 |   | 7. Name and Address of New Registered Agent   |  |
| <b>SMITH, RON</b><br><b>3022 CUNARD DR</b><br><b>VALRICO, FL 33594</b>  |                                 |                                 |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div> |  |
| 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 _____ (NOTE: Registered Agent signature required when amending)<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |                                 |                                 |   |   |  |
| FILE NOVAH11 - FEE IS \$150.00<br>After May 1, 2003 Fee will be \$650.00<br>Amended UBR is 48125<br>Make Check Payable to Florida Department of State   |                                 |                                 |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  |  |
| 10. OFFICERS AND DIRECTORS  |                                 |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |  |
| TITLE   | P                               | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  | SMITH, RON                      |                                 | NAME  |   |  |
| STREET ADDRESS  | 3022 CUNARD DR                  |                                 | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | VALRICO, FL 33594               |                                 | CITY-ST-ZIP   |   |  |
| TITLE   | <input type="checkbox"/> Delete |                                 | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  |                                 |                                 | NAME  |   |  |
| STREET ADDRESS  |                                 |                                 | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                                 |                                 | CITY-ST-ZIP   |   |  |
| TITLE   | <input type="checkbox"/> Delete |                                 | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  |                                 |                                 | NAME  |   |  |
| STREET ADDRESS  |                                 |                                 | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                                 |                                 | CITY-ST-ZIP   |   |  |
| TITLE   | <input type="checkbox"/> Delete |                                 | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  |                                 |                                 | NAME  |   |  |
| STREET ADDRESS  |                                 |                                 | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                                 |                                 | CITY-ST-ZIP   |   |  |
| TITLE   | <input type="checkbox"/> Delete |                                 | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  |                                 |                                 | NAME  |   |  |
| STREET ADDRESS  |                                 |                                 | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                                 |                                 | CITY-ST-ZIP   |   |  |
| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                 |                                 |   |   |  |
| SIGNATURE:  |                                 |                                 | 8/25/03 (813-684-964)                                 |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                                 |                                 |   |   |  |

CR2E034 (10/02)

Attachment

80142016

L91978

8/25/

03

div of corps

Re: uniform business report

Im writing this letter as I was instructed to do to inform you that I never received the fist notice and would request the late fee be removed. If you look at the addresses you have on the form there are three different addresses on here and that may be why I never got the first notice. Please note that this is the correct address for (Auctionerring services Inc. 3022 cunard DR valrico, FL 33594) Thank you for your attention in this matter.

Thank You

Ron Smith