FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Aug 01, 2001 8:00 am Secretary of State DOCUMENT # M67714 1. Entity Name MICHAEL R. SMITH & ASSOCIATES, INC. 08-01-2001 90191 046 ***550.00 Principal Place of Business Mailing Address 2306 IVY AVE. 2306 IVY AVE. FT. MYERS FL 33907-1251 FT. MYERS FL 33907-1251 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0029977 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Näme SMITH, MICHAEL R. Street Address (P.O. Box Number is Not Acceptable) 2306 IVY VE. FT. MYERS FL 33907 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** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **PST** ☐ Delete TITLE Change ☐ Addition TITLE SMITH, MICHAEL R. NAME STREET ADDRESS STREET ADDRESS 2306 IVY AVE. FT. MYERS FL CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition Đ NAME SMITH, MICHAEL R. NAME STREET ADDRESS 2306 IVY AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL Delete .. TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIT! F ☐ Change ☐ Addition NAME 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 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

ZWI