

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

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90147 047 \*\*\*150.00

DOCUMENT # P00000013156

1. Entity Name

BY THE NUMBERS ASSOCIATES, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1728 ANDERSON ST.

3. Mailing Address

614 E. Highway 50

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB # 146

City & State

CLERMONT, FLORIDA

City & State

CLERMONT, FLORIDA

Zip

34711

Country

Zip

34711

Country

4. FEI Number

59-3625237

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name KAREN E. SMITH

Street Address (P.O. Box Number is Not Acceptable)

1728 ANDERSON STREET

City

CLERMONT

FL

Zip Code

34711

**DO NOT WRITE  
IN THIS SPACE**

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:  PRESIDENT

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/24/02

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☒  
(See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P.S.T.  
NAME KAREN E. SMITH  
STREET ADDRESS 1728 ANDERSON ST  
CITY-ST-ZIP CLERMONT, FL 34711

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IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KAREN E. SMITH

04/24/02

Date

4078329441

Daytime Phone #