2001	UNIFOR	M	BUSIN	IESS	REP	ORT	(UE	3R)
OCM	MENT#	P	00000	0356	373			

FILED Sep 19, 2001 8:00 am Secretary of State

0108506 AT

1. Entity Nan					secretary (₽
SMITHGA	ALL HOLDINGS, INC.				09-19-2001 90162 0	09 ***/50.00)	
	•			V				
Principal Plac	ce of Business	Mailing Address						
]	RIVER BLVD.	4256 TROUT RIVER BLVD.						
,	1E FL 32208	JACKSONVILLE FL 32208		-		,		
		• • • • • • • • • • • • • • • • • • • •			(2004) 004 112 00121 00211 00121 00211 00211 00211	er as (2) 01 0 (2) 0 2 (3)	(4008 ())) (40)	
	Place of Business	3. Mailing Address			I LANGUADON SIN ANILI NAKIN NEDIK TARIH NABIH D	iidd iigdi baird diair.	1 0141 [1001	
11731 Philips Hwy Suite, Apt. #, etc. Suite, Apt. #, etc.								
Suite, Apt			DO NOT WRITE IN TH	IIS SPACE				
Suite City & Star	5	City & State			FEI Number	IAr	oplied For	1
	nuille 7/	Ony a state			9-3637044		ot Applicable	
Zip	Country	Zip	Country		Certificate of Status Desired	\$8.75 Add	ditional	Ì
3225	56 USA -	<u> </u>				Fee Require	d	
ļ	6. Name and Address of Current F	Registered Agent	Name	7.	Name and Address of New Register	ed Agent		}
CMETHO	ALL MADY IANE		Name			_		
SMITHGALL, MARY JANE 4256 TROUT-RIVER BLVD.				Street Address (P.O. Box Number is Not Acceptable)				
	NVILLE FL 32208		·			 		1
TUNCKOU	NVILLE PL 32206					· i		-
· .			City		i i	Zip Cod	е ′	
8. The above	e named entity submits this statement for	the purpose of changing its re	egistered office o	r registered a	gent, or both, in the State of Florida.			
	Kart					,		
SIGNATURE	MID mic	rael Smith	gall_		9/17	101		
	Signature, a post of purited name of registered agent a	nd title if applicable. (NOTE: F	logistered Agent signat	ure required when	reinstating) DA	<u> </u>		
	oration is eligible to satisfy its Intangible		FEE IS \$550.		10. Election Campaign Financing	\$5.0	0 Mav Be	{
	requirement and elects to do so. Pria on back)	After September 12, 2 Make Check Payable			Trust Fund Contribution.		to Fees	Ì
11.	OFFICERS AND I		12.		DDITIONS/CHANGES TO OFFICERS A	AND DIRECTOR	S IN 11	1
TITLE	PD	☐ Delete	TITLE			☐ Change	Addition	5
NAME	SMITHGALL, MICHAEL	,	NAME			_ •	_	(5)
STREET ADDRESS	1200 111001 1111211 22121		STREET ADDRESS	. .				8
CITY-ST-ZIP	JACKSONVILLE FL 32208		CITY-ST-ZIP					CR2E034 (5/01)
TITLE	VD	☐ Delete	TITLE			Change	Addition	Ö
NAME STREET ADDRESS	NIGHTINGALE, KENNETH W 4256 TROUT RIVER BLVD.		NAME STREET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32208		CITY-ST-ZIP					
TITLE	ST	□ Delete	TITLE			☐ Change	Addition	ļ
NAME	SMITHGALL, MARY JANE		NAME	ł				
STREET ADDRESS		•	STREET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32208		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	1
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CITY-ST-ZIP		□ ∩olata	1			Change	Addition	
		☐ Delete	CITY-ST-ZIP	ļ		☐ Change	☐ Addition	{
TITLE NAME STREET ADDRESS		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS			Change	☐ Addition	{
TITLE NAME		□ Delete	CITY-ST-ZIP TITLE NAME			☐ Change	☐ Addition	

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

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

WORD LIBS FROURES

SIGNATURE AND LYPS FOR PRINTED LANK OF SIGNING OF FICER OR DIRECTOR

904-810-0078