7/1/

FILED
Aug 04, 2002 8:00 am
Secretary of State
07-01-2002 90329 001 ***900.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000114631

1. Entity Name
SEMCO IV, INC. ✓

DO NOT WRITE IN THIS SPACE

[redacted]

40459
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1920 Palm Beach Lakes Blvd	3. Mailing Address
Suite, Apt. #, etc.: STE 202	Suite, Apt. #, etc.
City & State: West Palm Beach, Fl	City & State
Zip: 33409 Country: Palm Beach	Zip Country

4. FEI Number: 65-1060160 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Mark Smith
Street Address (P.O. Box Number is Not Acceptable): Same
City: FL 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 ____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	President / CFO
NAME	Smith, Mark W.
STREET ADDRESS	9498 Alt A1A
CITY-ST-ZIP	Lake Park, Fl 33470
TITLE	Vice President
NAME	Donnell, Michael
STREET ADDRESS	2509 Deer Run Drive
CITY-ST-ZIP	Loxahatchee, Fl 33470
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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] 4/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #