5/27/200

May 01 02 03:57p The Smiths

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-27-2002 90433 011 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000117704

1. Entity Name
FAN CANS Inc.

[redacted]

DO NOT WRITE IN THIS SPACE

93701

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 4934 Hubner Cir	3. Mailing Address: Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota	City & State: Fl.
Zip: 34241 Country: Sarasota	Zip Country

4. FEI Number: 65-1072572 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Michael Smith

Street Address (P.O. Box Number is Not Acceptable): 4934 Hubner Cir.

City: Sarasota Fl FL Zip Code: 34242

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] 6-12-02

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Andrew P. Smith VP 963 Linnaew Ter. Pt. Charlotte Fl. 33948
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Michael G. Smith President 4934 Hubner Cir Sarasota Fl.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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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] Pres. 4-30-02 941-925-2997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #