


02-03

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED  
03 JUN -4 AM 11:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |   |
|--|---|
| DOCUMENT # PO1000003674  |  |
| 1. Entity Name<br>ORLANDO PROPERTIES, INC.<br>d/b/a FANTASTIC SAMS |   |

**DO NOT WRITE IN THIS SPACE**

|   |   |
|---|---|
| 2. Principal Place of Business<br>17445 US HWY 192<br>Suite, Apt. #, etc. 7 | 3. Mailing Address<br>17445 US HWY 192<br>Suite, Apt. #, etc. 7 |
|---|---|

DO NOT WRITE IN THIS SPACE

|                              |                              |   |  |
|------------------------------|------------------------------|---|--|
| City & State<br>CLERMONT, FL | City & State<br>CLERMONT, FL | 4. FEI Number<br>59-3693457                               | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip<br>34711                 | Country<br>USA               | Zip<br>34711  | Country<br>USA   |
|                              |                              | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required                         |

|                                   |  |                          |
|-----------------------------------|--|--------------------------|
| <b>DO NOT WRITE IN THIS SPACE</b> | 7. Name and Address of Current Registered Agent  |                          |
|                                   | Name <u>KELLY SMY</u>  |                          |
|                                   | Street Address (P.O. Box Number is Not Acceptable)<br><u>15453 GREATER GROVES BLVD</u> |                          |
|                                   | City <u>CLERMONT</u>   | FL Zip Code <u>34711</u> |

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Kelly Smy DATE 05/28/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

|  |   |
|--|---|
| January 1 - May 1 Fee is \$150.00<br>After May 1, Fee is \$550.00<br>Amended UBR is \$61.25<br>Make Check Payable to Florida Department of State | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|

| 10. OFFICERS AND DIRECTORS                     |   |  |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PRESIDENT<br>KELLY SMY<br>15453 GREATER GROVES BLVD<br>CLERMONT, FL 34711 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 600020541816<br>06/05/03--01049--003 **\$300.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | /   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | /   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | /   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE IN THIS SPACE</b>               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | /   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | /   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Kelly Smy DATE 05/28/03 (352) 241-6500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

7/6/4

Attachment SD# P0100003674  
**Fantastic Sams®**

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Orlando Properties Inc.  
17445 US HWY 192, Suite 7  
Clermont, FL 34711  
(352) 241-6500  
Fax (352) 241-0595

30<sup>th</sup> May, 2003

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

I am sending this letter in response to why my Corporation has become Inact/UA.

The reason you have not received my company's UBR is because we did not receive them from your office.

My company is located at 17445 US HWY 192, suite 7, Clermont, FL 34711. When I signed my lease I was issued at first with the letter G as my suite number. Two weeks prior to opening my business Lake County renumbered the whole plaza including the stores that had already been open for business the prior two years.

Originally phase 1 had 12 units on the right side of Publix Super Market, and was numbered 1 through 12. When phase 2 came along on the left side of Publix Super Market it was decided by the contractor to number phase 2 suites beginning with the letter A through J. When Lake County changed the numbers and letters on everybody's suite nothing was done about changing the numbers on the US postal box's that are at each end of the plaza.

Still today after many phone calls by myself and other tenants in the plaza the US Postal Service has not renumbered the box's. We have a mail box with box's numbered 1 through 12 on them at each end of the plaza, I regularly receive mail for the Chinese Restaurant that is in our plaza because at one time they use to be Suite 7.

Yours truly,

Kelly Smy  
Kelly Smy