2000 UNIFORM BUSINESS REPORT (UBR)

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

PED OR PRINTED NAME OF SIGNI

SIGNATURE:

FILED DOCUMENT # P92000008601 May 09, 2000 8:00 am 1. Entity Name **Secretary of State** SMS CRIB AND CRADLE, INCORPORATED 05-09-2000 90024 040 ***150.00 Principal Place of Business Mailing Address 2750 FLIGHT LINE AVE 2750 FLIGHT LINE AVE BLDG 262 BLDG 262 SANFORD FL 32773 SANFORD FL 32773-9683 2. Principal Place of Business Mailing Address 300 Hickman DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number 59-3154574 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required eminole 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Street Address (R.O. Box Number is Not Acceptable) 300 HICK Man MEYERS, WAYNE 2750 FLIGHT LINE AVE **BUILDING 262** SANFORD FL 32773 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change TITLE ☐ Delete TITLE Hadress MEYERS, WAYNE NAME 300 Hickman Drive STREET ADDRESS STREET ADDRESS 2750 FLIGHT LINE AVE CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32773 Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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