FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jul 13, 2001 8:00 am DOCUMENT # **P94000037642** Secrétary of State 07-13-2001 90004 011 ***150.00 SUMMERHAVEN LAND COMPANY, INC. Principal Place of Business Mailing Address 2921 ORLANDO DR P.O. BOX 5357 UELLLAND **DELTONA FL 32728** STE 142 SANFORD FL 32773 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3325269 Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SMITH, STANLEE J 2921 ORLANDO DR **STE 142** SANFORD FL 32773 8. The above named entity submits this statement for the purpose of changing its registered office or SIGNATURE 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE ? Delete TITLE SMITH, STANLEE J NAME NAME STREET ADDRESS P O BOX 5357 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **DELTONA FL 32728** ☐ Addition TITLE TITLE **Delete** SMITH, SAMUEL NAME NAMÉ STREET ADDRESS 1142 BARBADOS ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELTONA FL 32725** Change ☐ Addition □ Delete TITLE NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

SUMMERHAVEN LAND CO.

2921 Orlando Dr. Suite 142 Sanford, FL 32773 Post Office Box 5357 * Deltona, Florida 32728 Phone: (407) 324-1178, Fax: (407) 324-4613 D#PAYXXXXXX ADD MAAD

July 10, 2001

Division of Corporation

To Whom It May Concern:

Enclosed you will find out UBR's for two corporations, these were sent in April of 2001 and we still have received these notices and verified by computer and calls that they have been lost.

We have issued replacement checks for the original amounts and hope that you will accept this. I can be reached at 407-324-1178, Cel 832-6422.

Thank you for your time,

Samuel Smith, President

SS/bes