2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 17, 2002 8:00 am Secretary of State DOCUMENT # P95000045798 1. Entity Name 04-17-2002 90109 025 ***150.00 SMITH TECHNICAL SERVICES, INC. Mailing Address Principal Place of Business 2304 MAVRY PL 2304 MAVRY PL **BIRMINGHAM AL 35242 BIRMINGHAM AL 35242** US US 2. Principal Place of Business 3. Mailing Address 2304 Mary Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0617825 Not Applicable Zip Country \$8.75 Additional 242 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JURGENS, J A Street Address (P.O. Box Number is Not Acceptable) 505 WEKIYA SPRINGS RD., STE 800 LONGWOOD FL 32779 Zip Code City FI 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to safety its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Patrick 6 Gehange ☐ Addition TITLE Delete TITLE NAME SMITH, PARTICK G NAME STREET ADORESS STREET ADDRESS 4268 FRANCES DR CITY-ST-ZIP CITY-ST-ZIE 35242 **DELRAY BEACH FL 33445** TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete . ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 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 changed, or on an attachment with an address, with all other like empowered.

FILED

Daytime Phone #

Date