2001 UNIFORM BUSINESS REPORT (UBR) May 07, 2001 8:00 am Secretary of State DOCUMENT # P96000091974 MOUNT MUNCY ENTERPRISES, INC. 05-07-2001 90016 019 ***150.00 4 Mailing Address Principal Place of Business 2001 W OLD HWY 441 STE 3 2001 W OLD HWY 441 STE 3 MOUNT DORA FL 32757 **34310**~ MOUNT DORA FL 32757 3. Mailing Address 2. Principal Place of Business 1910 Barton's Cove 1910 Barton's Core Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3412612 TN Not Applicable LEBANON LEBANON Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired 37087 Fee Required 37087 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Dru M. Baker SMITH, GREGORY T Street Address (P.O. Box Number is Not Acceptable) 2001 W OLD HWY 441 STE 3 **MOUNT DORA FL 32757** 20100 Eldorado Drive Zip Code **3273**6 Eustis 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 (NOTE: Registered Agent signature required when reinstating) 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 12. 11. OFFICERS AND DIRECTORS Change ☐ Addition ☐ Delete TITLE TITLE SMITH, GREGORY T NAME NAME 2001 W OLD HWY 441 STE 3 1910 Barton's Cove STREET ADDRESS STREET ADDRESS **MOUNT DORA FL 32757** CITY-ST-ZIP Lebanon, TN CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE SMITH, DEBORAH A NAME 1910 Barton's Cove 2001 W OLD HWY 441 STE 3 STREET ADDRESS STREET ADDRESS **MOUNT DORA FL 32757** CITY-ST-ZIP Lebanon, TN 37087 CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete 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

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.

Date

Daytime Phone #

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: