FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91325 003 ***150.00

DOCUMENT # P97000051394

1. Entity Name: Semach's Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1440 Normandy Ln	687 Aldermen Rd #232
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Harbor Fl	City & State: Palm Harbor Fl
Zip: 34683 Country: Pinellas	Zip: 34683 Country: Pinellas

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3440128 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: John A Semach

Street Address (P.O. Box Number is Not Acceptable):

1440 Normandy Ln

City: Palm Harbor FL Zip Code: 34683

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President
NAME	John A Semach
STREET ADDRESS	1440 Normandy Ln
CITY-ST-ZIP	Palm Harbor Fl 34683
TITLE	V-Pres
NAME	Jackson Shockley
STREET ADDRESS	4705 Azalea Ways
CITY-ST-ZIP	St Petersburg Fl. 33705
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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

SIGNATURE: John A Semach 5/1/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #