## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 14, 2002 8:00 am Secretary of State

DOCUMENT # P9700003 1. Entity Name Mike S. Smith, I			2		05-14-2002	•	
DO NOT WRITE	IN THIS S	PAC	E				`\
2. Principal Place of Business 2496 S.E. 58 AVC.  Suite, Apt. #, etc.	3. Mailing Address 2 4 96 SE Suite, Apt. #, etc.	. 58	HA AVENUE		DO NOT WRITE	E IN THIS SPAC	)E
OCALA, FLORIDA		LOR	ioA	4. FEI Number	59-343	8709	Applied For Not Applical
34471 Country 34471	34471	Coun	try -5 <b>A</b>	5. Certificate of	Status Desired		75 Additional Required
DO NOT WRITE  Name  Street Addr				7. Name and Address of Current Registered Agent			
			Wen	Ndell LANdry			
			Street Address (P.O. Box Number is Not Acceptable)				
IN THIS SPACE			•				
			CityWeik	sdale		FL 2	Zip Code 32193

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

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.

 Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

CR2E034B (12/01)

OFFICERS AND DIRECTORS 11. presioent TITLE Wendell Hondry 15288 SE. 1484 KD Weirsdale, Florida 32195 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

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

TITLE

NAME

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02

352-694-2500