## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 21, 2000 8:00 am Secretary of State DOCUMENT # P98000105557 1. Entity Name SMITHCO STUART, INC. 02-21-2000 90041 029 \*\*\*150.00 Principal Place of Business Mailing Address 1501 DECKER AVE. SUITE #508 1501 DECKER AVE, SUITE #508 STUART FL 34994 STUART FL 34994-3953 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4, FEI Number 65-0885026 Not Applicable Zip Country 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 KONALD W. HAMILTON SCHWENCKE, KERRY R Street Address (P.O. Box Number is Not Acceptable) 1645 PALM BEACH LAKES BLVD. SUITE #720 WEST PALM BEACH FL 33401 1501 DECKER AUE. SUITE 508 STUART 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. PINAID W. HAMMON, PRACIDENT Signature, typed or printed name of registered agent and title if applicable. 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition HAMILTON, RONALD W NAME 1501 DECKER AVENUE, SUITE 508 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUART FL 34994 CITY-ST-ZIP Addition ☐ Delete TITI F ☐ Change 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 ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADORESS