## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P99000004003 Aug 02, 2000 8:00 am Secretary of State 1. Entity Name SMARTSTAGE CORPORATION 05-26-2000 90110 005 \*\*\*150.00 Principal Place of Business Mailing Address 8570 COMMERCE STREET 7345 SANDLAKE ROAD CAPE CANAVERAL FL 32920-3528 SUITE 211 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3635650-061617 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** Zip Code City 8. The above named early submits this afternent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE registered agent and title if applicable (NOTE: Registered Agent signature required when rematating) 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. Added to Fees 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 11. 12. PSTD ☐ Addition ☐ Change DDE TITLE □ Delete BANNING, IAN NAME NAME 7345 SANDLAKE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IP ORLANDO FL 32819 CITY-ST-ZIP Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP ☐ Addition ☐ Change □ Detete TITLE TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 supplied ental 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. indicated on this report or supple of the corporation or the received changed, or on an attachment with SIGNATURE: Daytime Phone I TED NAME OF SIGNING OFFICER OF DIRECTOR Date

Doc# P9900000 4003 308934

Good Day,

We just received this notice in our mail box today.

We are a small company, and cannot endure any type of late fee. Please could you accept our corrected form.

Thankyou very much

lan Banning

**Smartstage Corporation**