FOR PROFIT CORPORATION

Jan 30, 2002 8:00 am UNIFORM BUSINESS REPORT (UBR) Secretary of State DOCUMENT # P 99000006845 01-30-2002 90063 009 ***150.00 BECKEMEIER & SMITH CONSULTING SERVICES, INC DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address P.O. BOX 835 928 GULF VIEW BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number DUNEDIN, & FL DUNEDIN 59 - 355342 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П 34698 Fee Required 7. Name and Address of Current Registered Agent Name DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, Fee Is \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. TITLE TITLE ROBERT B. SMITH NAME NAME 928 GULF VIEW BLVD. STREET ADDRESS STREET ADDRESS DUNEDIN, FL 34698 CITY-ST-ZIP CITY-ST-ZIP HEIDI BECKEMEIER-SMITH NAME NAME 928 GULF VIEW BLVD STREET ADDRESS STREET ADDRESS DUNEDIN, FL 34698 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME 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 on an

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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