2000 UNIFORM E	SUSINESS KEP)KI (UBK)	<u> </u>
DOCUMENT # p99000029392 1. Entity Name THE SMART LITE COMPANY.			07-24-2000 90011 012 ***150.00 FILE D P99000029392
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Principal Place of Business Mailing Address			SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business	3. Mailing Address		
301 Crawford Blvd 638 Washburn		Road	00073717
Suite, Apt. #, etc. Suite 101			DO NOT WRITE IN THIS SPACE
City & State	City & State		4. FEI Number Applied For Not Applicable
Boca Raton, FL Zip Country	Melbourne, F	Country	— \$8.75 Additional
33432 USA	32934	USA	5. Certificate of Status Desired Fee Required
6. Name and Address of	Current Registered Agent	Name	7 Name and Address of Now Registered Agent
Nancy M. Burke, Esq.		Street Address	ss (P.O. Box Number is Not Acceptable)
106 E. College Avenue Suite 1200	•	Street Address	33 (1.0. DAX Hamber 15 Text teespecially)
Tallahassee, FL 32301			
		City	FL Zip Code
Tax filing requirement and elects to do so (See criteria on back)	Make Check Paya	000 Fee will be \$550.0 ble to Department of	State
TLE OFFICE	RS AND DIRECTORS Delete	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 President
ME	· , == <u>></u>	NAME.	Brett Lane-Ison-
TREET ADORESS TY-ST-ZIP	•	STREET ADDRESS CITY-ST-ZIP	President
TLE .	☐ Delete	TITLE	Vice President ☐ Change ☐ Addition
AME		NAME STREET ADDRESS	George David Ridner, Sr.
Treet adoress ITY-ST-ZIP	•	CITY-ST-ZIP	1028 Leeward Place, Apt. B2 Melbourne, FL 32934
TLE .	☐ Oeleta	TITLE	Secretary Change Addition
AME Treet Address	•	NAME STREET ADDRESS	Nancy Irene Ridner 1028 Leeward Place, Apt. B2
TY-ST-ZIP	<u> </u>	CITY-ST-ZIP	
TLE	☐ Delete	TITLE NAME	Change Addition
TREET ADDRESS		STREET ADDRESS	7000033643274
TLE	Delete	CITY-ST-ZIP	<u>-08/18/0001054025</u> ****400.00□ %% ***4 0 6% %%
AME	EJ Seine	NAME	100,00
TY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
ne	☐ Defete	TITLE	☐ Change ☐ Addition
AMÉ	•	NAME Street address	SP
TREET ADDRESS ITY-ST-ZIP		CITY-ST-ZIP	
 I hereby certify that the information supplementa indicated on this report or supplementa of the corporation or the receiver or trus changed, or on an attachment with an a 	report is true and accurate and that tee empowered to execute this repor	t as required by Chapter	n Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if
<u> </u>	-000:0		dner 7/14/00 321-255-7192
SIGNATURE:	TYPED OR PRINTED NAME OF SIGNING OFFICE	ancy Irene Ric	Date Daytime Phone #