2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P99000049716 May 04, 2000 8:00 am 1. Entity Name Secretary of State FINANCIALSMART.COM, INC. 05-04-2000 90120 004 ***150.00 Principal Place of Business Mailing Address 4400 PGA BLVD. STE. 505 4400 PGA BLVD. STE. 505 PALM BEACH GARDENS FL 33410-6558 PALM BEACH GARDENS FL 33410 2. Principal Place of Business 3. Mailing Address 2000 PGA Blvd 2000 PGA Blvd. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 4410 <u>Suite 4410</u> Applied For 4. FEI Number City & State City & State Not Applicable 65-0972013 Palm Beach Palm Beach, FL \$8.75 Additional Country 5. Certificate of Status Desired П Fee Required <u>33408-2378</u> <u>33408-2378</u> USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HACKNEY, ROBERT C Street Address (P.O. Box Number is Not Acceptable) 4400 PGA BLVD. STE. 505 2000 PGA Blvd., Sui te 4410 PALM BEACH GARDENS FL 33410 N. Palm Beach, FL 33408-2378 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees \Box Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Delete TIT! F TITLE HACKNEY, ROBERT C NAME NAME 4400 PGA BLVD. STE. 505 STREET ADDRESS 2000 PGA Blvd., Suite 4410 STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410 N. Palm Beach, FL 33408-2378 CITY-ST-ZIP ■ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITL F 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 ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 his 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.

<u>4/28/00</u>