2000 UNIFORM BUSINESS REPORT (UBR)

CITY-ST-ZIE

SIGNATURE: 4

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

May 16, 2000 8:00 am Secretary of State DOCUMENT # P99000072643 SMITH KELLER CORPORATION 05-16-2000 90022 016 ***150.00 Principal Place of Business Mailing Address 1298 LAKEVIEW RD. 1298 LAKEVIEW RD. CLEARWATER FL 33756-3595 CLEARWATER FL 33758 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable \$8.75 Additional Country Zip 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 SMITH, WARREN Street Address (P.O. Box Number is Not Acceptable) 1298 LAKEVIEW RD. **CLEARWATER FL 33758** Zip Code 8. The above named entity submits this statement for the pyrpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) 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. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE KELLER, WAYNE NAME NAME STREET ADDRESS 1298 LAKEVIEW RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33758 ☐ Change ☐ Addition ☐ Delete TITLE SMITH, WARREN NAME STREET ADDRESS STREET ADDRESS 1298 LAKEVIEW RD. CITY-ST-ZIE CITY-ST-ZIP **CLEARWATER FL 33758** ☐ Change ☐ Addition Delete TITLE TITLE NAME KELLER, BETSY NAME STREET ADDRESS STREET ADDRESS 1298 LAKEVIEW RD. CITY-ST-ZIP CITY-ST-ZIF **CLEARWATER FL 33758** ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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

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