FROM : SWART BAUMRUK & CO., LLP FAX NO. : 407 847 6641

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90440 023 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

New

DOCUMENT # P99000104145

1. Entity Name

NOTTINGHAM ENTERPRISES INCORPORATED

DO NOT WRITE IN THIS SPACE

671428

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2. Principal Place of Business		3. Mailing Address	
9401 W. COLONIAL DR		717 E. OAK STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: OCOEE, FL		City & State: KISSIMMEE, FL	
Zip: 34761	Country: USA	Zip: 34744	Country: USA

4. FEI Number: 59-3610775 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: SMITH, JONATHAN S.

Street Address (P.O. Box Number is Not Acceptable): 14738 YELLOW PINE LANE

City: CLERMONT FL Zip Code: 34711

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: Jonathan S. Smith President Date: 4.30.02

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D,P,T	TITLE	
NAME	SMITH, JONATHAN S	NAME	
STREET ADDRESS	14738 YELLOW PINE LANE	STREET ADDRESS	
CITY-ST-ZIP	CLERMONT, FL 34711	CITY-ST-ZIP	
TITLE	D,V,S	TITLE	
NAME	SMITH, JOHN J.	NAME	
STREET ADDRESS	105 MAIN MARTAN RD	STREET ADDRESS	
CITY-ST-ZIP	STARKVILLE, MS 39759	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 attachment with an address, with all other like empowered.

SIGNATURE: Jonathan S. Smith 4/29/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #