2001 UNIFORM BUSINESS REPORT (UBR)

May 18, 2001 8:00 am Secretary of State DOCUMENT # P99000104877 1. Entity Name 05-18-2001 90012 001 ***150.00 SMITH AND TANNER, INC. Principal Place of Business Mailing Address 16520 N.W. 22ND STREET 16520 N.W. 22ND STREET PEMBROKE PINES FL 33028 PEMBROKE PINES FL 33028 2. Principal Place of Business 3. Mailing Address REDWOOD 1768 REDWOOD 1768 LANE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number APPLIED FOR Applied For MIDDLEBURG MIDDLEBURG 59 - 3634437 Not Applicable Country Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired 32068 Fee Required 32:068 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FLORIDA INCORPORATORS, INC. Street Address (P.O. Box Number is Not Acceptable) 1221 BRICKELL AVENUE, SUITE 900 MIAMI FL 33131 City 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. (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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition VS TITLE Change TITLE □ Delete NAME SMITH, CHRISTINE M NAME STREET ADDRESS STREET ADDRESS 16520 N.W. 22ND STREET CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33028 Change ☐ Addition ☐ Delete TITLE TITLE NAME TANNER, LINDA D NAME STREET ADDRESS STREET ADDRESS 16520 N.W. 22ND STREET CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33028 Change ■ Addition ☐ Delete TITLE NAME 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 ☐ Delete TIT! F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

tanner

16 APRIL 2000 TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED