FILED
Apr 23, 2003 8:00 am
Secretary of State
04-23-2003 90171 005 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S36284

1. Entity Name
STOR SMART, INC.

11009646

Principal Place of Business	Mailing Address
1335 BENNETT DR. LONGWOOD, FL 32750-5127	1335 BENNETT DR. LONGWOOD, FL 32750-5127

X CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
269 Park Avenue	269 Park Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Longwood, FL	City & State: Longwood, FL
Zip: 32750 Country: Seminole	Zip: 32750 Country: Seminole

4. FEI Number: 59-3056248 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BULMAHN, DAVID J. 633 SAILFISH RD. WINTER SPRINGS, FL 32708	Name: Amy E. Thomason Street Address (P.O. Box Number is Not Acceptable): 3812 Needles Drive City: Orlando, FL Zip Code: 32810

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Amy E. Thomason President 3/13/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when changing) DATE

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BULMAHN, DAVID J. 633 SAILFISH RD. WINTER SPRINGS, FL	X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Amy E. Thomason 3812 Needles Drive Orlando, FL 32810	X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BULMAHN, LINDA L. 633 SAILFISH RD. WINTER SPRINGS, FL	X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Steven E. Thomason 3812 Needles Drive Orlando, FL 32810	X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BULMAHN, T. PAUL 10110 WILLOWGROVE DR. HOUSTON, TX	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Amy E. Thomason 3/13/03 407-578-0746
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #