FILED 2002 UNIFORM BUSINESS REPORT (UBR) Feb 11, 2002 8:00 am V40042 DOCUMENT # **Secretary of State** 1. Entity Name 02-11-2002 90175 039 ***150.00 COMPANY C, INC. Mailing Address Principal Place of Business 4264 NORTHLAKE BLVD. 4264 NORTHLAKE BLVD. PALM BEACH GARDENS FL 33 PALM BEACH GARDENS FL 33410 3. Mailing Address 2. Principal Place of Business 7660 162nd CH Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0338404 Not Applicable \$8.75 Additional Co Zip 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, CAROL Street Address (P.O. Box Number is Not Acceptable) 7660 162ND CT. N. PALM BEACH GARDENS FL 33418 Zip Code City red office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its regis SIGNATURE DATE ed Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regis FILE NOW!!! FUE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fd will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. (10/6) Addition DPT ☐ Delete LΕ TITLE SMITH, CAROL N!MF NAME CR2E034 STREET ADDRESS STREET ADDRESS 7660 162ND COURT CIY-ST-7IP PALM BEACH GARDENS FL 33418 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE SMITH, RICHARD SR. NAME NAME STREET ADDRESS STREET ADDRESS 7660 162ND COURT CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33418 Change ☐ Addition ☐ Delete TITLE TITLE NAME SMITH, RICHARD JR. NAME 7660 162ND COURT STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33418 ☐ Change Addition □ Delete TITLE TITI F NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 true empowered to effect this poor 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 abdress, with all other like empowered.

SIGNATURE:

1-23-02 56-746-75)