6/20/2002-90058-0

FILED
Jul 07, 2002 8:00 am
Secretary of State
06-20-2002 90058 002 ***158.75
07-07-2002 90065 003 ***391.25

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000055294

1. Entity Name
Miles Of Smiles, Inc.

DO NOT WRITE IN THIS SPACE

[redacted]

B0127147
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
712 Reed Canal Rd.	712 Reed Canal Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: South Daytona, FL.	City & State: South Daytona, FL.
Zip: 32119 Country: Volusia	Zip: 32119 Country: Volusia

4. FEI Number: 59-3651851 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Jayme D. Connolly
Street Address (P.O. Box Number is Not Acceptable): 712 Reed Canal Rd.
City: South Daytona FL Zip Code: 32119

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 _____ DATE
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: President NAME: Jayme D. Connolly STREET ADDRESS: 712 Reed Canal Rd. CITY-ST-ZIP: S. Daytona, FL. 32119	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: Vice President NAME: Christine Sealy STREET ADDRESS: 712 Reed Canal Rd. CITY-ST-ZIP: S. Daytona, FL. 32119	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: Secretary NAME: Jayme D. Connolly STREET ADDRESS: 712 Reed Canal Rd. CITY-ST-ZIP: S. Daytona, FL. 32119	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: **DO NOT WRITE**
TITLE: Treasurer NAME: Christine Sealy STREET ADDRESS: 712 Reed Canal Rd. CITY-ST-ZIP: S. Daytona, FL. 32119	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: **IN THIS SPACE**
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CR2E034B (12/01)

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: Jayme D. Connolly 10/14/02 (386) 767-1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #