

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 19, 2003 8:00 am**  
**Secretary of State**

06-19-2003 90046 043 \*\*\*558.75

0014345 AV

DOCUMENT # P00000055294

1. Entity Name

MILES OF SMILES, INC.



Principal Place of Business

712 REED CANAL RD  
SOUTH DAYTONA FL 32119

Mailing Address

712 REED CANAL RD  
SOUTH DAYTONA FL 32119

2. Principal Place of Business

712 Reed Canal Rd.

Suite, Apt. #, etc.

3. Mailing Address

712 Reed Canal Rd

Suite, Apt. #, etc.

City & State

S. DAYTONA, FL.

Zip

32119

Country

Volusia

City & State

S. DAYTONA, FL.

Zip

32119

Country

Volusia

4. FEI Number

59-3651851

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

CONNOLLY, JAYME

712 REED CANAL RD

DAYTONA BEACH FL 32119

Name

Jayme Connolly

Street Address (P.O. Box Number is Not Acceptable)

712 Reed Canal Rd.

City

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

SIGNATURE

Jayme Connolly

5-8-03

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CONNOLLY, JAYME	
STREET ADDRESS	712 REED CANAL RD	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SEALY, CHRISTINE	
STREET ADDRESS	712 REED CANAL RD	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE	S	<input type="checkbox"/> Delete
NAME	CONNOLLY, JAYME	
STREET ADDRESS	712 REED CANAL RD	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE	T	<input type="checkbox"/> Delete
NAME	SEALY, CHRISTINE	
STREET ADDRESS	712 REED CANAL RD	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Jayme Connolly

(Signature and typed or printed name of signing officer or director)

Date

5-8-03

Daytime Phone #

CR2E034 (10/02)