

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 284648

1. Entity Name  
SMOAK GROVES, INC.

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90060 012 \*\*\*150.00

Principal Place of Business  
1025 COUNTY ROAD 17 NORTH  
LAKE PLACID FL 33852

Mailing Address  
1025 COUNTY ROAD 17 NORTH  
LAKE PLACID FL 33852



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1082258

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

SMOAK, JOHN F., JR.  
1025 COUNTY RD 17 NORTH  
LAKE PLACID FL 33852

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ASD  
STREET ADDRESS SMOAK, PHILIP L  
CITY-ST-ZIP 6781 STATE ROAD 66  
ZOLFO SPRINGS FL 33890 ☐ Delete

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME PDT  
STREET ADDRESS SMOAK, JOHN F. JR  
CITY-ST-ZIP 1025 COUNTY RD. 17 NORTH  
LAKE PLACID FL ☐ Delete

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME VSD  
STREET ADDRESS SMOAK, EDWARD L  
CITY-ST-ZIP 1025 COUNTY RD. 17 NORTH  
LAKE PLACID FL ☐ Delete

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME AS  
STREET ADDRESS EURES, LEIGH S.  
CITY-ST-ZIP 1025 COUNTY RD. 17 NORTH  
LAKE PLACID FL ☐ Delete

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME AT  
STREET ADDRESS SMOAK, EDWARD L JR  
CITY-ST-ZIP 1025 COUNTY RD 17 NORTH  
LAKE PLACID FL ☐ Delete

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME AVD  
STREET ADDRESS SMOAK, JOHN F III  
CITY-ST-ZIP 1025 CR 17 N  
LAKE PLACID FL ☐ Delete

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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.

SIGNATURE: John Smoak III John Smoak III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02

Date

863-465-2561

Daytime Phone #

CR2E034 (9/01)

Attachment

Dr. # 284648

843990

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12	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	ASSISTANT SECRETARY/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASON G. SMOAK	
STREET ADDRESS	1025 COUNTY ROAD 17 NORTH	
CITY-ST-ZIP	LAKE PLACID, FL 33852	

TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAMANTHA L. SMOAK	
STREET ADDRESS	1025 COUNTY ROAD 17 NORTH	
CITY-ST-ZIP	LAKE PLACID, FL 33852	