

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91040 007 ***150.00

DOCUMENT # 284648

1. Entity Name
SMOAK GROVES, INC.



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

Mailing Address
**1025 COUNTY ROAD 17 NORTH
LAKE PLACID FL 33852**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1082258**

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

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

7. Name and Address of New Registered Agent

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

SIGNATURE

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	ASD	<input type="checkbox"/> Delete
NAME	SMOAK, PHILIP L	
STREET ADDRESS	6781 STATE ROAD 66	
CITY-ST-ZIP	ZOLFO SPRINGS FL 33890	
TITLE	PDT	<input type="checkbox"/> Delete
NAME	SMOAK, JOHN F. JR	
STREET ADDRESS	1025 COUNTY RD. 17 NORTH	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	SMOAK, EDWARD L	
STREET ADDRESS	1025 COUNTY RD. 17 NORTH	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	EURES, LEIGH S.	
STREET ADDRESS	1025 COUNTY RD. 17 NORTH	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	AT	<input type="checkbox"/> Delete
NAME	SMOAK, EDWARD L JR	
STREET ADDRESS	1025 COUNTY RD 17 NORTH	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	AVD	<input type="checkbox"/> Delete
NAME	SMOAK, JOHN F III	
STREET ADDRESS	1025 CR 17 N	
CITY-ST-ZIP	LAKE PLACID FL	

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:

John F. Smoak III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John F. Smoak III

4/02/03

863-465-2561

Date

Daytime Phone #

CR2E034 (10/02)