

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F64608

1. Entity Name

SUSAN H. SMOAK, INCORPORATED

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90252 025 ***150.00

Principal Place of Business

Mailing Address

% SUSAN H SMOAK
1025 COUNTY ROAD 17 NORTH
LAKE PLACID FL 33852

% SUSAN H SMOAK
1025 COUNTY ROAD 17 NORTH
LAKE PLACID FL 33852-5629

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 **59-2197518**

Applied For
Not Applicable

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, SUSAN H
1025 COUNTY RD 17 NORTH
LAKE PLACID FL 33852

Name **John F. Smoak, III**

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

City **Lake Placid** **FL** Zip Code **33852**

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 *John F. Smoak, III*
John F. Smoak, III

(NOTE: Registered Agent signature required when reinstating)

4/07/00

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, 2000 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 **PTD** ☒ Delete
NAME **SMOAK, SUSAN H.**
STREET ADDRESS **1025 COUNTY RD 17 NORTH**
CITY-ST-ZIP **LAKE PLACID FL**

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

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

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

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

TITLE **STD** ☒ Change ☐ Addition
NAME **John F. Smoak, III**
STREET ADDRESS **100 Foxwood Drive**
CITY-ST-ZIP **Lake Placid, Florida 33852**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Change ☒ Addition
NAME **John F. Smoak, Jr.**
STREET ADDRESS **6995 State Road 66**
CITY-ST-ZIP **Zolfo Springs, FL 33890**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Change ☒ Addition
NAME **Philip L. Smoak**
STREET ADDRESS **6781 State Road 66**
CITY-ST-ZIP **Zolfo Springs, FL 33890**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Phyllis L. Smoak**
STREET ADDRESS **6995 State Road 66**
CITY-ST-ZIP **Zolfo Springs, Florida 33980**

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 F. Smoak, III*

4/07/00

863-465-2561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #