

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90071 048 ***150.00

DOCUMENT # F95000006082

1. Entity Name
SMOAK DESIGNS, INCORPORATED

Principal Place of Business

Mailing Address

4360 CHAMBLEE-DUNWOODY RD

4360 CHAMBLEE-DUNWOODY RD

ATLANTA GA 30341
 US

SUITE 320
 ATLANTA GA 30341-1055
 US

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

58-1990840

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

Name

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

City

FL

Zip Code

HARBERT, THOMAS R ESQ
225 E. ROBINSON ST., #600
ORLANDO FL 32801

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, 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 **PT** ☐ Delete
 NAME **SMOAK, STEVEN R**
 STREET ADDRESS **4360 CHAMBLEE-DUNWOODY RD, SUITE 320**
 CITY-ST-ZIP **ATLANTA GA**

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

TITLE **DC** ☐ Delete
 NAME **SMOAK, STEVEN R**
 STREET ADDRESS **4360 CHAMBLEE-DUNWOODY RD, SUITE 320**
 CITY-ST-ZIP **ATLANTA GA**

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

TITLE **V** ☐ Delete
 NAME **FEHELEY, EDWARD J JR.**
 STREET ADDRESS **1724 WOODCLIFF COURT**
 CITY-ST-ZIP **ATLANTA GA**

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

TITLE **VS** ☐ Delete
 NAME **SMOAK, PATRICIA POPP**
 STREET ADDRESS **4360 CHAMBLEE-DUNWOODY RD, SUITE 320**
 CITY-ST-ZIP **ATLANTA GA**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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: Patricia Popp SMOAK, Sec.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-00
 Date

770-458-4602
 Daytime Phone #

CR2E034 (9/99)