

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State
 02-06-2001 90335 040 ***150.00

DOCUMENT # F95000006082

1. Entity Name
SMOAK DESIGNS, INCORPORATED

Principal Place of Business
4360 CHAMBLEE-DUNWOODY RD
320
ATLANTA GA 30341
US

Mailing Address
4360 CHAMBLEE-DUNWOODY RD
SUITE 320
ATLANTA GA 30341
US

2. Principal Place of Business

2000 RIVEREDGE PARKWAY
 Suite, Apt. #, etc.
600

3. Mailing Address

2000 RIVEREDGE PARKWAY
 Suite, Apt. #, etc.
600

City & State
ATLANTA GA

Zip
30328-4694

City & State
ATLANTA GA

Zip
30328-4694

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

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

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.

SIGNATURE _____ (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, 2001 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

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

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2000 RIVEREDGE PKWY, SUITE 600**
 CITY-ST-ZIP **ATLANTA, GA 30328-4694**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2000 RIVEREDGE PARKWAY, SUITE 600**
 CITY-ST-ZIP **ATLANTA, GA 30328-4694**

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2000 RIVEREDGE PARKWAY, SUITE 600**
 CITY-ST-ZIP **ATLANTA, GA 30328-4694**

TITLE ☐ Change ☐ Addition
 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* **PATRICIA POPP SMOAK** 1-22-01 770-458-4602
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)