**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 06, 2002 8:00 am Secretary of State F95000006082 DOCUMENT # SMOAK DESIGNS, INCORPORATED 02-06-2002 90002 050 \*\*\*150.00 Principal Place of Business Mailing Address 2000 RIVEREDGE PARKWAY 2000 RIVEREDGE PARKWAY 600 ATLANTA GA 30328-4694 ATLANTA GA 30328-4694 2. Principal'Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-1990840 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARBERT, THOMAS R ESQ Street Address (P.O. Box Number is Not Acceptable) 225 E. ROBINSON ST., #600 ORLANDO FL 32801 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Addition TITLE ☐ Delete TITLE ☐ Change SMOAK, STEVEN R NAME NAME 2000 RIVEREDGE PKWY STE 600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30328-4694 CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition SMOAK, STEVEN R NAME NAME STREET ADDRESS 2000 RIVEREDGE PKWY STE 600 STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30328-4694 CITY-ST-ZIP Change ☐ Addition TITI F ☐ Delete TITLE FEHELEY, EDWARD J JR NAME NAME STREET ADDRESS 1724 WOODCLIFF COURT STREET ADDRESS CITY-ST-ZIP ATLANTA GA CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SMOAK, PATRICIA POPP NAME NAME 2000 RIVEREDGE PKWY STE 600 STREET ADDRESS STREET ADDRESS ATLANTA GA 30328-4694 CITY-ST-7IP CITY-ST-ZIP W1072 AND PROPERTY LIGHT (P. C.) TITLE ☐ Delete TITLE Change NAME NAME andan enemen a STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATEICIA POPP SMOAK 770

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