Daytime Phone #

2000 UNIFORM BUSINESS REPORT (UBR)

2000 l	UNIFORM BI	USINESS REP	ORT (UB	APPROYEU AND FILED:		
DOCUMI . Entity Name		000006447		.00 MAY 10 PM 1: 02		
SMOAK TIMBER, LLC			۱۹ میری	SECRETARY OF STATE		
Principal Place of 025 COUNTY ROA AKE PLACID FL 3	AD 17-N	Mailing Address 1025 COUNTY ROAD 1 LAKE PLACID FL 3385		I TODALEN BIO ARKE JOHN TONG ENGLI BENG ENGLI BEKU BIRU BIRU ENGLI		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address				
		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		65-0952181 Not	lied For Applicable	
Zip	Country 6. Name and Address of Cu	Zip	Country	5. Certificate of Status Desired S5.00 Addit Fee Required 7. Name and Address of New Registered Agent	ional	
	b. Name and Address of Cl	urrent Hegistered Agent	Name	7. Name and Address of New Asysteted Agent		
SMOAK, EDWARD L 1025 COUNTY ROAD 17-N LAKE PLACID FL 33852		Street	Address (P.O. Box Number is Not Acceptable)			
DAVE L DAOID	EARL I EAGID I E GOODE					
The above nan	med entity submits this staten	rd agent and title if applicable. (N	OTE: Registered Agent sign	or registered agent, or both, in the State of Florida. DATE		
The above nan	nature, typed or printed name of Tegistere	rd agent and title if applicable. (N	its registered office of OTE: Registered Agent sign. NOW!!! FEE IS Payable to Depar	or registered agent, or both, in the State of Fiorida. DATE State DATE DATE		
The above name of the signal o	nature, typed or printed name of Tegistere	rd agent and title if applicable. (N FILE Make Check MEMBERS/MEMBERS	its registered office of the Registered Agent sign. NOW!!! FEE IS	or registered agent, or both, in the State of Florida. State		
The above name of the state of	MANAGING I GRM MOAK, EDWARD L TRUST	rd agent and title if applicable. (N FILE Make Check MEMBERS/MEMBERS	OTE: Registered Agent sign. NOW!!! FEE IS Payable to Depar 10. TITLE NAME STREET ADDRESS	sture required when reinstating) \$50.00 rtment of State ADDITIONS/CHANGES Change ******50.00 ******* Member MGR Anne G. Smoak, TTEE	 023 50.80	
The above name IGNATURE Signa TILE SME SNEET ADDRESS TY-ST-ZIP TILE TILE THE THE THE THE THE THE THE T	MANAGING I GRM MOAK, EDWARD L TRUST	FILE Make Check MEMBERS/MEMBERS Detects	OTE: Registered Agent sign NOW!!! FEE IS Payable to Depar 10. TITLE NAME STREET ADDRESS CITY-81-ZIP TITLE NAME STREET ADDRESS	sture required when reinstating) \$50.00 riment of State ADDITIONS/CHANGES Change ADDITIONS/CHANGES Change Amne G. Smoak, TTEE 1025 County Road 17 North Lake Placid, FL 33852 Member MGR Mason G. Smoak, TTEE 1025 County Road 17 North	C 023	
THE ADDRESS TY-ST-ZIP TILE MICHAEL SIGNATURE SIGNATU	MANAGING I GRM MOAK, EDWARD L TRUST	FILE Make Check MEMBERS/MEMBERS Delete	NOW!!! FEE IS Payable to Depar 10. TITLE NAME STREET ADDRESS CITY-8T-ZIP TITLE NAME STREET ADDRESS CITY-8T-ZIP TITLE NAME STREET ADDRESS CITY-8T-ZIP TITLE NAME STREET ADDRESS	******* ******* ******* ****** *****	223 50.00 ■ Addition	
The above name and signature a	MANAGING I GRM MOAK, EDWARD L TRUST	FILE Make Check MEMBERS/MEMBERS Delete Delete	OTE: Registered Agent sign NOW!!! FEE IS Payable to Depar 10. TITLE NAME STREET ADDRESS CITY-81-ZIP	**************************************	——¶ 023 50.80 ⊠ Additio	