2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N0200005884

1. Entity Name

HOOKED ON SMILES, INC.

Principal Place of Business



Apr 07, 2003 8:00 am Secretary of State

04-07-2003 91052 006 ****61.25

	i		
Mailing Address		•	
1848 BIG CRANE LOOP PORT ORANGE FL 32128			

	8 BIG CRANE LOOP 1848 BIG CRANE LOOP RT ORANGE FL 32128 PORT ORANGE FL 32128			LIBERTIET EN SETTE	almen mmeel datte ameel dabte		616 1 1 88 :			
2. Principal F	Place of Busin	ess	3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #,		Suite, Apt. #, etc.	i #, etc.		CHECK HERE IF MAKING CHANGES					
City & State City &		City & State	« State		4. FEI Number Applied For 52 - 23 70655 Not Applicable					
Zip		Country	Zip Country		5. Certificate of Status Desired S8.75 Additional			titional		
	6. Name	and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent					
STORK, FLORENCE 1848 BIG CRANE LOOP PORT ORANGE FL 32128		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 agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Florence Stock Florence Stock PRESIDENT 3/28/03										
10.	<u> </u>	OFFICERS AND DIR	ECTORS	I 11.	Α		TO OFFICERS AND I	DIBECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ORENCE CRANE LOOP NGE FL 32128	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P			⊠ Change	Addition	
TITLE NAME STREET_ADDRESS CITY-ST-ZIP	D PASCAVAO 752 SAND		≥ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	24-8	AN WILSO RANDLE !	wende	Change	M Addition €	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASCAVAC 752 SAND		, C Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T	.,,,,,	<u> </u>	∑ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MMY LANTIC AVENUE BEACH FL 32118	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	S			⊠ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	475	MA CORKL 5. RIDGEN DOND BEAC	2000 AVEN	□ Change いと 2174	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHE!	PLYL COXU PINE TRAIL HONO BEACH	SELL	_ •	-X Addition	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Attachment

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

							•	
DOCUMENT # NO200005884 1. Entity Name HOOKED ON SMILES, INC.					306S74	145		
Principal Place of Business Mailing Address			· .			`		
1848 BIG CRAI PORT ORANGE		1848 BIG CRANE LOOP PORT ORANGE FL 32128						
TOTT OTHER	. 1 . 02120	· · · · · · · · · · · · · · · · · · ·	•		:			
			· · · · · · · · · · · · · · · · · · ·					
2. Principal P	lace of Business	3. Mailing Address						
Cuita Ant	# ata	Suito Ant # ato				-	•	
Suite, Apt. #, etc. Suite, Apt. #, etc.			,	CHECK HERE IF MAKING CHANGES				
City & Stat	9	City & State		4. FEI Number		Ar	plied For ,	ŀ
						/ No	ot Applicable	l
Zip	. Country -	Zip	Country	-5Certificate o	of Status Desired [=	\$8.75 Add		-
	6. Name and Address of Current	t Registered Agent	 _	7. Name and A	Address of New Registered			
	o. Nume and Address of Carlotte	r riegioterea Agent	Name		,		·	ĺ
STORK, I	FLORENCE	•	Stront	Address (P.O. Box Number	in Not Acceptable)	<u>.</u>		1
1848 BIG	CRANE LOOP	•	. Street	Address (F.O. Box Number				
PORT OF	ANGE FL 32128			•				Ì.
			City.		FI	Zip Cod	e	
			<u> </u>			<u>- </u>		ĺ
	named entity submits this statement for ions of registered agent.	or the purpose of changing it	s registered office	or registered agent, or both	, in the State of Florida. I am	i tamiliar with,	and accept	(
•		- -		,				
SIGNATURE .	Florence Stock 1	FLORENCE STO	ork. Pre	SIDENT	3/28/	<u>03</u>		
	Signature, typed or printed name of registered agent	t and title if applicable. (NO	TE: Registered Agent sign	nature required when reinstating)	DATE			
\$773.1965XX					127 Par 5 () 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	NAME OF	74 77 17 7	l
	FILE NOW: FEE IS \$61.25		impaign Financing		Make Chec			
		Trust Fund	Contribution.	Added to Fees	Florida Depa	rtment of S	State :	ĺ
10.	OFFICERS AND D	IDECTORS	11.	ADDITIONS (CHA	NGES TO OFFICERS AND D	A DECTORS IN		
TITLE	D OFFICERS AND DI	Delete	TITLE	ADDITIONS/CITA	NGES TO OFFICENS AND D	☐ Change	☐ Addition	ŝ
NAME	STORK, FLORENCE	- Delete	NAME	·				ì
STREET ADDRESS	1848 BIG CRANE LOOP		STREET ADDRESS	3				į
CITY-ST-ZIP	PORT ORANGE FL 32128		CITY+ST-ZIP					ļ
TITLE	D	☐ Delete	TITLE			Change	Addition	٤
NAME	PASCAVAGE, MARK		NAME	-		•]
STREET ADDRESS CITY-ST-ZIP	752 SANDY HILL CIRCLE PORT ORANGE FL 32127	9	STREET ADDRESS	5			٠	
<u> </u>	D					☐ Change	Addition	ı
TITLE NAME	PASCAVAGE, LINDA	☐ Delete	title Name			LJ Change	L. Addition	١
STREET ADDRESS	752 SANDY HILL CIRCLE		STREET ADDRESS	,				
CITY-ST-ZIP	PORT ORANGE FL 32127		CITY-ST-ZIP					j
TITLE	D	☐ Delete	TITLE		,	Change	☐ Addition	ĺ
NAME	DAVIS, TAMMY		NAME		•			
STREET ADDRESS	1808 N. ATLANTIC AVENUE	•	STREET ADDRESS	S '.		. ,		
CITY-ST-ZIP	DAYTONA BEACH FL 32118	<u></u>	CITY-ST-ZIP				1000	
TITLE		☐ Delete	TITLE .	Don't Dos	AAI	Change	Addition 25	ı
NAME STREET ADDRESS			NAME STREET ADDRESS	Patty Dor	Z DRIVE		į	
CITY-ST-ZIP		•	CITY-ST-2IP	PORT DRAN	ge, FL 3212	:フ	•	1
TITLE	 	☐ Delete	TITLE	D	<u> </u>	Change		ı
NAME	·	, policie	NAME	USA ZATA	LAVA		(and continue)	
STREET ADDRESS			STREET ADDRESS	4213 NEW 1	LAVEN COURT	•		ĺ
CITY-ST-ZIP	·		CITY-ST-ZIP	PORT ORAN	HAVEN COURT	27		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIGNATIVE SECURE