

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

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

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

**DOCUMENT # N02000005884**

1. Entity Name  
**HOOKED ON SMILES, INC.**



Principal Place of Business  
**1848 BIG CRANE LOOP  
PORT ORANGE FL 32128**

Mailing Address  
**1848 BIG CRANE LOOP  
PORT ORANGE FL 32128**

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

**52-2370655**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current 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 office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Florence Stork, FLORENCE STORK, PRESIDENT*

3/28/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STORK, FLORENCE</b>	
STREET ADDRESS	<b>1848 BIG CRANE LOOP</b>	
CITY-ST-ZIP	<b>PORT ORANGE FL 32128</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PASCAVAGE, MARK</b>	
STREET ADDRESS	<b>752 SANDY HILL CIRCLE</b>	
CITY-ST-ZIP	<b>PORT ORANGE FL 32127</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PASCAVAGE, LINDA</b>	
STREET ADDRESS	<b>752 SANDY HILL CIRCLE</b>	
CITY-ST-ZIP	<b>PORT ORANGE FL 32127</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DAVIS, TAMMY</b>	
STREET ADDRESS	<b>1808 N. ATLANTIC AVENUE</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32118</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SUSAN WILSON</b>	
STREET ADDRESS	<b>248 RANDLE AVENUE</b>	
CITY-ST-ZIP	<b>OAK HILL, FL 32759</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NORMA CORKLE</b>	
STREET ADDRESS	<b>475 S. RIDGEWOOD AVENUE</b>	
CITY-ST-ZIP	<b>ORLOND BEACH, FL 32174</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CHERYL COXWELL</b>	
STREET ADDRESS	<b>91 PINE TRAIL</b>	
CITY-ST-ZIP	<b>ORLOND BEACH, FL 32174</b>	

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: *Florence Stork, FLORENCE STORK, PRESIDENT* 3/28/03 386-761-4613

CR2E037 (10/02)

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

Attachment

30651445

0064544

DOCUMENT # N02000005884

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CITY-ST-ZIP  
D  
STORK, FLORENCE  
1848 BIG CRANE LOOP  
PORT ORANGE FL 32128 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PASCAVAGE, MARK  
752 SANDY HILL CIRCLE  
PORT ORANGE FL 32127 ☐ Delete

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

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TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DAVIS, TAMMY  
1808 N. ATLANTIC AVENUE  
DAYTONA BEACH FL 32118 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Patty DORAN  
780 OSPREY DRIVE  
PORT ORANGE, FL 32127 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LISA ZATALAVA  
4213 NEW HAVEN COURT  
PORT ORANGE, FL 32127 ☐ Change ☒ Addition

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SIGNATURE:

Florence Stork REQUIRED

CR2E037 (10/02)