

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90147 041 ***150.00

DOCUMENT # P00000015697

1. Entity Name
SMOKE & MIRRORS INCORPORATED



Principal Place of Business

~~22151 CARSON DR~~
~~LAND O LAKES FL 34639~~

Mailing Address

~~22151 CARSON DR~~
~~LAND O LAKES FL 34639~~

2. Principal Place of Business

609 LENOX AVE.

Suite, Apt. #, etc.

3. Mailing Address

609 LENOX AVE

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
DAYTONA BEACH FL

Zip
32118

Country
USA

City & State
DAYTONA BEACH FL

Zip
32118

Country
USA

4. FEI Number **59-3620532**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CAMPBELL, THOMAS R
22151 CARSON DR
LAND O LAKES FL 34639

7. Name and Address of New Registered Agent

Name **THOMAS R. CAMPBELL**
Street Address (P.O. Box Number is Not Acceptable)
609 LENOX AVE
City **DAYTONA BEACH FL** Zip Code **32118**

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 *Thomas Campbell*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/28/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CAMPBELL, THOMAS R	
STREET ADDRESS	22151 CARSON DR	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE	VS	<input type="checkbox"/> Delete
NAME	WEINSTEIN, JOEL R	
STREET ADDRESS	623 DUVAL ST	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	609 LENOX AVE	
STREET ADDRESS	DAYTONA BEACH FL 32118	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE: *Thomas Campbell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/03 **(305) 509-1640**
Date Daytime Phone #

CP2E034 (10/02)