

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90380 005 ***150.00

| |
|--------------------------------|
| DOCUMENT # P00000020408 |
| 1. Entity Name |
| G.A. Smoke Enterprises, inc. |

DO NOT WRITE IN THIS SPACE

| | | | |
|--|----------------|---|----------------|
| 2. Principal Place of Business 2311 Rogers Rd. | | 3. Mailing Address 74 Marinus St. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Lakeland, FL 33813 | | City & State Rochelle Park, NJ | |
| Zip 33813 | Country USA | Zip 07662-3826 | Country USA |

DO NOT WRITE IN THIS SPACE

| | | | |
|---|--|--------------------------------------|-------------------|
| 4. FEI Number 91-2026001 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 7. Name and Address of Current Registered Agent | | | |
| Name Debora C. Reher | | | |
| Street Address (P.O. Box Number is Not Acceptable) 2311 Rogers Rd. | | | |
| City Lakeland | | FL | Zip Code 33813 |

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | | 11. | |
|--|--|--|---------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Gregary A. Smoke 4193 Highway 72 Killen, AL 35645-8445 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD Debora C. Reher 74 Marinus St. Rochelle Park, NJ 07662-3826 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Gregary A. Smoke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregary A. Smoke, President

4-10-05

Date

256-627-6521

Daytime Phone #