

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

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90237 036 ***150.00

DOCUMENT # P000000 20408
1. Entity Name

G.A. Smoke Enterprises, inc.

DO NOT WRITE IN THIS SPACE

40084865

2. Principal Place of Business

284 Six Pence Rd.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Killen, AL

City & State

4. FEI Number

91-2026001

Applied For

Not Applicable

Zip

35645-5440

Country

Zip

Country

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

7. Name and Address of Current Registered Agent

Name

Debora 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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11.

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**PD
Gregary A. Smoke
284 Six Pence Rd.
Killen, AL 35645**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**STD
Debora C. Reher
123 Maple Ave.
Belford, NJ 07718**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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IN THIS SPACE**

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

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/6/07 2566276521
Daytime Phone #