

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90149 023 \*\*\*150.00

**DOCUMENT # P00000056172**

1. Entity Name:  
**SMILEPILE INC.**

Principal Place of Business  
**1351 HEATHER RIDGE BLVD SUITE A  
DUNEDIN FL 34698**

Mailing Address  
**1351 HEATHER RIDGE BLVD SUITE A  
DUNEDIN FL 34698**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**13044 GULF LANE**  
Suite, Apt. #, etc.

3. Mailing Address  
**13044 GULF LANE**  
Suite, Apt. #, etc.

City & State  
**MADEIRA BEACH FL.**  
Zip  
**33708**  
Country  
**FLORIDA**

City & State  
**MADEIRA BEACH FL.**  
Zip  
**33708**  
Country  
**FLORIDA**

4. FEI Number  
**59-3656964**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DEMIDUK, PETER D CPA  
1351 HEATHER RIDGE BLVD SUITE A  
DUNEDIN FL 34698**

**7. Name and Address of New Registered Agent**

Name  
**Paul Demiduk**  
Street Address (P.O. Box Number is Not Acceptable)  
**13044 GULF LANE**  
City  
**MADEIRA BEACH** **FL** Zip Code  
**33708**

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.

SIGNATURE **Paul Demiduk**  
Signature, typed or printed name of registered agent and title if applicable.

**5-1-2001**  
DATE

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

TITLE  
**D** ☒ Delete  
NAME  
**KENDALL, MATTHEW W**  
STREET ADDRESS  
**1351 HEATHER RIDGE BLVD SUITE A**  
CITY-ST-ZIP  
**DUNEDIN FL 34698**

TITLE  
**D** ☒ Delete  
NAME  
**DEMIDUK, PETER D**  
STREET ADDRESS  
**1351 HEATHER RIDGE BLVD SUITE A**  
CITY-ST-ZIP  
**DUNEDIN FL 34698**

TITLE  
**D** ☐ Delete  
NAME  
**DEMIDUK, PAUL B**  
STREET ADDRESS  
**1351 HEATHER RIDGE BLVD SUITE A**  
CITY-ST-ZIP  
**DUNEDIN FL 34698**

TITLE  
☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
**President I**  
**Paul B. Demiduk**  
**13044 GULF LANE**  
**MADEIRA BEACH, FL. 33708**

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Paul Demiduk**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-1-2001**  
Date

**727-397-6710**  
Daytime Phone #

CR2E034 (10/00)