

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91735 026 ***150.00

DOCUMENT # P00000056172

1. Entity Name

SMILEPILE INC.

Principal Place of Business

**13044 GULF LANE
 MADEIRA BEACH FL 33708**

Mailing Address

**13044 GULF LANE
 MADEIRA BEACH FL 33708**

2. Principal Place of Business

2742 Sand Hollow CT

3. Mailing Address

2742 Sand Hollow CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater FL

City & State

Clearwater FL

Zip

33761

Country

Zip

33761

Country

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, PAUL
 13044 GULF LANE
 MADEIRA BEACH FL 33708**

7. Name and Address of New Registered Agent

Name **PAUL DEMIDUK**
 Street Address (P.O. Box Number is Not Acceptable)
2742 Sand Hollow CT
 City **Clearwater** **FL** Zip Code **33761**

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

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

(NOTE: Registered Agent signature required when reinstating)

05/01/02
 DATE

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, 2002 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 **DEMIDUK, PETER D**
 STREET ADDRESS **1351 HEATHER RIDGE BLVD SUITE A**
 CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **P** ☐ Delete
 NAME **DEMIDUK, PAUL B**
 STREET ADDRESS **13044 GULF LANE**
 CITY-ST-ZIP **MADEIRA BEACH FL 33708**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
 NAME **P PAUL B. DEMIDUK**
 STREET ADDRESS **2742 SAND HOLLOW CT.**
 CITY-ST-ZIP **CLEARWATER FL 33761**

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

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

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

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

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 B. Demiduk / **PAUL B. DEMIDUK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/02 727-417-1295

Date

Daytime Phone #

CR2E034 (9/01)