

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91392 010 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000112705

1. Entity Name

SMILE SERVICES, INC.



DO NOT WRITE IN THIS SPACE

90127141

2. Principal Place of Business
515 83rd Street

Suite, Apt. #, etc.

3. Mailing Address
SAME

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Holmes Beach, Florida

City & State

4. FEI Number 65-1065453

Applied For
Not Applicable

Zip Country
34217 USA

Zip Country

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name EUGENE COPELAND

Street Address (P.O. Box Number is Not Acceptable)

515 83rd Street

City Holmes Beach, FL Zip Code 34217

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

Eugene H Copeland Eugene H. Copeland

4/30/03

Signature, typed or printed name of registered agent and title, 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

TITLE
NAME Eugene Copeland, P/S/T/D
STREET ADDRESS 515 83rd Street
CITY-ST-ZIP Holmes Beach, Florida 34217

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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:

Eugene H Copeland President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

Date

941-704-5964

Daytime Phone #

CR2E034B (12/02)