


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 90177 025 ***150.00

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| DOCUMENT # P02000013268 |  |
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| 1. Entity Name SMOOTHLINES, INC. | Principal Place of Business 13212 FRONT BEACH RD PANAMA CITY FL 32407 | Mailing Address 1211 EMORY DR. PANAMA CITY FL 32405 |
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| 2. Principal Place of Business 8021 THOMAS DR Suite, Apt. #, etc. | 3. Mailing Address SAME Suite, Apt. #, etc. |
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☐ CHECK HERE IF MAKING CHANGES

| | | | |
|---|-------------------------|------------------------------------|---|
| City & State Panama City Beach FL | City & State | 4. FEI Number 01 0587260 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 32408 | Country US | Zip | Country |

| | |
|---|---|
| 6. Name and Address of Current Registered Agent SMITH, CHRISTIANA M 1211 EMORY DR. PANAMA CITY FL 32405 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|---|---|

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SMITH, CHRISTIANA M 1211 EMORY DR. PANAMA CITY FL 32405 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MIDDLEBROOKS, JOSEPH B III 1613 DRUMMOND AVE PANAMA CITY FL 32405 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

4-503 800-226-8000
Date Daytime Phone #

CR2E034 (10/02)