

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91418 046 ***150.00

DOCUMENT # P02000116481

1. Entity Name

SMILEY HOMES CORPORATION



Principal Place of Business
7600 BLIND PASS ROAD
ST PETERSBURG BEACH FL 33706
US

Mailing Address
7600 BLIND PASS ROAD
ST PETERSBURG BEACH FL 33706
US

2. Principal Place of Business
1705 - 49th ST SOUTH
Suite, Apt. #, etc.

3. Mailing Address
3773 CENTRAL AVE
Suite, Apt. #, etc.

City & State
GULFPORT FL

City & State
ST PETERSBURG FL

4. FEI Number
55-0804198

Applied For
Not Applicable

Zip Country
33707 USA

Zip Country
33713 USA

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

WINEBRENNER, JACK M
3773 CENTRAL AVENUE
ST PETERSBURG FL 33713

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

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

(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

TITLE **P** ☒ Delete
NAME **BERGERMAN, ERIK**
STREET ADDRESS **7600 BLIND PASS ROAD**
CITY-ST-ZIP **ST PETERSBURG BEACH FL 33706**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **BERGERMAN, ARIEL**
STREET ADDRESS **1705 - 49th ST SOUTH**
CITY-ST-ZIP **GULFPORT FL 33707**

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

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

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

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:

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

ARIEL BERGERMAN 1/16/03 727/327-1202

Date

Daytime Phone #

CR2E034 (10/02)