

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2005 08:00 AM
Secretary of State

ATX1

DOCUMENT # P04000078314

1. Entity Name

SMALS ENTERPRISES INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
15 ALMOND TRAIL

3. Mailing Address
15 ALMOND TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
OCALA, FL

City & State
OCALA FL

4. FEI Number
20-1126858

Applied For
Not Applicable

Zip
34472

Country

Zip
34472

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
BRANDON J SMALS

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

City
OCALA

FL

Zip Code
34472

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

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

11.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
BRANDON J SMALS
15 ALMOND TRAIL
OCALA FL 34472

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000332977
04/26/05-80079-020 150.00

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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:

Brandon J Smals President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-05

Date

352-362-6427

Daytime Phone #