

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90889 003 ***150.00

DOCUMENT # **D93000060375**

1. Entity Name
SMITHFIELD-CAROLINA INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5889 Airport Rd

Suite, Apt., etc.

SUITE 205

3. Mailing Address

5889 Airport Rd

Suite, Apt., etc.

SUITE 205

DO NOT WRITE IN THIS SPACE

City & State

PONT ORANGE

City & State

PONT ORANGE

4. FEI Number

59-319 7371

Applied For

Not Applicable

Zip

32128

Country

USA

Zip

32128

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

BRIAN LOE

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

3070 W. LAKE MARY BLVD

City

LAKE MARY

FL

Zip Code

32128

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

Director
NORMAN, DAVID
5889 Airport Rd
PONT ORANGE, FL 32128

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other information required.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID A. NORMAN

DATE

4/30/02 386-761-5850

Daytime Phone #

CR2E034B (12/01)