

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90181 028 ***150.00

DOCUMENT # P93000060375

1. Entity Name

SMITHFIELD-CAROLINA, INC.



Principal Place of Business

5889 AIRPORT ROAD
SUITE 205
PORT ORANGE FL 32128
US

Mailing Address

5889 AIRPORT ROAD
SUITE 205
PORT ORANGE FL 32128
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 291031

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PT. ORANGE, FL

Zip

Country

Zip

Country

32129

USA

4. FEI Number

59-3197371

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOE, BRIAN R
3070 W LAKE MARY BLVD.
LAKE MARY FL 32128

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
NORMAN, DAVID
5889 AIRPORT ROAD
PORT ORANGE FL 32128 ☐ Delete

TITLE
NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DAVID A. NORMAN President 4/22/03 386-761 5050

CR2E034 (10/02)