

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000079391

1. Entity Name

SMOKEY MOUNTAIN BACKYARD OUTFITTER'S, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90931 006 ***150.00

Principal Place of Business

Mailing Address

3130 A DELLWOOD RD., W.
WAYNESVILLE NC 28786
US

3130 A DELLWOOD RD., W.
WAYNESVILLE NC 28786-9276
US

2. Principal Place of Business

3379 DELLWOOD RD

3. Mailing Address

3379 DELLWOOD RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WAYNESVILLE NC

City & State

WAYNESVILLE NC

4. FEI Number

59-3213201

Applied For

Not Applicable

Zip

28786

Country

US

Zip

28786

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOLFE, ROBERT
5100 HWY 17-92
CASSELBERRY FL 32707

Name

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

City

JACKSONVILLE FL

FL

Zip Code

32200

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
NAME D
STREET ADDRESS HOOKER, RONALD L
CITY-ST-ZIP 3130 A DELLWOOD RD., W.
WAYNESVILLE NC

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

TITLE ☐ Delete
NAME P. CUMMINGS
STREET ADDRESS CUMMINGS, CHARLES R. N.
CITY-ST-ZIP 3379 DELLWOOD RD
WAYNESVILLE, NC 28786

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/00

Date

828-926-8222

Daytime Phone #

CR2E034 (9/99)