

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000084039

1. Entity Name

THE SMOAK COMPANIES OF NORTH FLORIDA, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90132 022 ***158.75

Principal Place of Business

2177 KINGSLEY AVE
#27
ORANGE PK FL 32073
US

Mailing Address

2177 KINGSLEY AVE
#27
ORANGE PK FL 32257-6259
US

2. Principal Place of Business

10503-2 San Jose Blvd.
Suite, Apt. #, etc.

3. Mailing Address

10503-2 San Jose Blvd.
Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3279760

Applied For

Not Applicable

Zip

32257

Country

Duval

Zip

32257

Country

Duval

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

SMOAK, JAMES M JR
2177 KINGSLEY AVE #27
ORANGE PK FL 32073

Name

James M. Smoak

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

10503-2 San Jose Blvd.

City

Jacksonville

FL

Zip Code

32257

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 is applicable.

JAMES M. SMOAK, JR (PRES.)

(NOTE: Registered Agent signature required when reinstating)

DATE

1/04/00

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 NAME STREET ADDRESS CITY-ST-ZIP	ST SMOAK, LINDA D 956 SANDSTONE DR ORANGE PARK FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMOAK, JR. JAMES M. 956 SANDSTONE DR JACKSONVILLE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Thomas H. Taylor 4721 Derrickson Ct. Jacksonville, FL 32210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Frank J. Cunningham 2660 Orange Blossom TR #60 Kissimmee, FL 32809 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES M. SMOAK, JR 1/04/00 904-880-1995
PRESIDENT Date Daytime Phone #

CR2E034 (9/99)