2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 AM
Secretary of State

DOCUMENT# P95000044342

Entity Name: SMOOTH VENTURES, INC.

Current Principal Place of Business:

ONE INDEPENDENT DR
SUITE 2210
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

ONE INDEPENDENT DR
SUITE 2210
JACKSONVILLE, FL 32202 US

New Mailing Address:

FEI Number: 59-3326346 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SURFACE, DAVID
ONE INDEPENDENT DR
SUITE 2210
JACKSONVILLE, FL 32202

Name and Address of New Registered Agent:

SURFACE, DAVID K
ONE INDEPENDENT DR
SUITE 2210
JACKSONVILLE, FL 32202

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: DAVID K. SURFACE 05/17/2002
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VPS ( ) Delete
Name: SURFACE, M. MARCHIE
Address: 1511 AVON DALE AVE.
City-St-Zip: JACKSONVILLE BEACH, FL

Title: P ( ) Delete
Name: SURFACE, DAVID K.
Address: 1511 AVON DALE AVE.
City-St-Zip: JACKSONVILLE BEACH, FL

Title: D ( ) Delete
Name: ROACH, ALFRED R
Address: 19575 TRAILS END TER.
City-St-Zip: JUPITER, FL 33458 US

Title: D ( ) Delete
Name: PHILLIPS, VIRGINIA
Address: 19575 TRAILS END TERR
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID K. SURFACE P 05/17/2002
Electronic Signature of Signing Officer or Director Date