

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069498

1. Entity Name

SMOKER UNITED ENTERPRISES, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90073 012 ***150.00

Principal Place of Business

Mailing Address

5073 RIPPLE RUSH DR., NORTH
JACKSONVILLE FL 32257

5073 RIPPLE RUSH DR., NORTH
JACKSONVILLE FL 32257-4760

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3524822

Applied For

Not Applicable

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

SMOKER, SUSAN
520 BRIGHTVIEW DR
LAKE MARY FL 32746

Name

Susan Smoker

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

5073 Ripple Rush Dr North

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

Susan Smoker

susan smoker

4/17/00

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 PSD
NAME SMOKER, SUSAN
STREET ADDRESS 520 BRIGHTVIEW DR
CITY-ST-ZIP LAKE MARY FL 32746 ☐ Delete

TITLE PSD
NAME Smoker, Susan
STREET ADDRESS 5073 Ripple Rush Dr N
CITY-ST-ZIP Jacksonville FL 32257 ☒ Change ☐ Addition

TITLE VTD
NAME SMOKER, BRYAN
STREET ADDRESS 520 BRIGHTVIEW DR
CITY-ST-ZIP LAKE MARY FL 32746 ☐ Delete

TITLE VTD
NAME Smoker, Bryan
STREET ADDRESS 5073 Ripple Rush Dr N
CITY-ST-ZIP Jacksonville FL 32257 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

Bryan Smoker **RECEIVED** Bryan Smoker VTD

4/17/00

904-880-3986

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)