

FILED
Aug 28, 2002 8:00 am
Secretary of State

08-28-2002 90036 022 ***550.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022654

1. Entity Name

SMOKEY MOUNTAIN CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1831 Redwood Grove Terr.

Suite, Apt. #, etc.

Lake Mary, Florida

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip
32746

Country
USA

Zip

Country

4. FEI Number

59-3562346

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

William Carroll

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

1831 Redwood Grove Terrace

City

Lake Mary

FL

Zip Code

32746

**DO NOT WRITE
IN THIS SPACE**

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.

William Carroll

(NOTE: Registered Agent signature required when reinstating)

DATE

8/15/02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P, VP, T, S, D
William Carroll
1831 Redwood Grove Terrace
Lake Mary, Florida 32746

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Carroll

President

Date

Daytime Phone #

CR2E034B (12/01)