

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 481333

1. Entity Name
MARK TWAIN SMOKE SHOP, INC.

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90010 037 ***150.00

Principal Place of Business
114 SOUTH TENNESSEE AVENUE
LAKELAND FL 33801

Mailing Address
114 SOUTH TENNESSEE AVENUE
LAKELAND FL 33801

2. Principal Place of Business
124 WEST MAIN ST.
Suite, Apt. #, etc.

3. Mailing Address
124 WEST MAIN ST.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
LAKELAND FL
Zip
33815
Country

City & State
LAKELAND FL
Zip
33815
Country

4. FEI Number 59-1608520

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FEEST, MAUREEN
114 S TENNESSEE AVENUE
LAKELAND FL 33801

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 *Maureen Feest*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-9-2001

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, 2001, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDT
FEEST, MAUREEN
114 S TENNESSEE AVENUE
LAKELAND, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
OLSON, RALPH
114 S TENNESSEE AVENUE
LAKELAND, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ 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: *Maureen Feest*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-688-4072

CR2E034 (10/00)