2002 UNIFORM BUSINESS REPORT (UBR)

Feb 14, 2002 8:00 am Secretary of State DOCUMENT # 666446 1. Entity Name 02-14-2002 90048 007 ***150.00 DAYTONA BEACH TOBACCO SPECIALTIES, INC. Principal Place of Business Mailing Address 2455 W INT. SPEEDWAY BLVD. 2455 W INT. SPEEDWAY BLVD. C/O JOHN B. PETERS C/O JOHN B. PETERS DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 59-1981650 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7: Name and Address of New Registered Agent PETERS, JOHN B. Street Address (P.O. Box Number is Not Acceptable) 2455 W INT SPEEDWAY BLVD. **DAYTONA BEACH FL 32114** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) Make Check Payable to Department of State After May 1, 2002 Fee will be \$550.00 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete NAME PETERS, JOHN B. NAME STREET ADDRESS 2455 W INT. SPEEDWAY BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL ☐ Delete TITLE ☐ Change ☐ Addition VD NAME NAME PETERS, JANE L. STREET ADDRESS STREET ADDRESS 2455 W INT. SPEEDWAY BLVD. CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Defete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

13. Thereby 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

SIGNATURE:

- JOHN B PETERS 1-29-02 386-253-0708

FILED