

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90035 025 ***150.00

DOCUMENT # F98000004427

1. Entity Name
SMOKER'S GALLERY, INC.

Principal Place of Business 7200 W. CAMINO REAL SUITE 302 BOCA RATON FL 33433	Mailing Address 7200 W. CAMINO REAL SUITE 302 BOCA RATON FL 33433-5511
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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 **58-1921737** 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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ (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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
C	TERRY, EUGENE T	17759 LAKE ESTATES DRIVE	BOCA RATON FL 33496	<input type="checkbox"/>	<input type="checkbox"/>
D	BLUE, HAROLD S	2501 DAVIE ROAD, SUITE 230	FT. LAUDERDALE FL 33317	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	CORNELL, ALAN	6921 LIONS HEAD LANE	BOCA RATON FL 33496	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	LITTEN, NEIL	7100 QUEEN FERRY CIRCLE #3420F	BOCA RATON FL 33496	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VTS	DUELL, KARL E	105 DEER CREEK RD., #M-209	DEERFIELD BEACH FL 33442	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *[Signature]* Date: 2/22/00 Daytime Phone #: (561) 417-8364

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE