

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004427

1. Entity Name

SMOKER'S GALLERY, INC.

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

03-01-2000 90035 025 \*\*\*150.00

Principal Place of Business

Mailing Address

7200 W. CAMINO REAL  
SUITE 302  
BOCA RATON FL 33433

7200 W. CAMINO REAL  
SUITE 302  
BOCA RATON FL 33433-5511

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

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 C ☐ Delete  
NAME TERRY, EUGENE T  
STREET ADDRESS 17759 LAKE ESTATES DRIVE  
CITY-ST-ZIP BOCA RATON FL 33496

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

TITLE D ☒ Delete  
NAME BLUE, HAROLD S  
STREET ADDRESS 2501 DAVIE ROAD, SUITE 230  
CITY-ST-ZIP FT. LAUDERDALE FL 33317

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

TITLE D ☐ Delete  
NAME CORNELL, ALAN  
STREET ADDRESS 6921 LIONS HEAD LANE  
CITY-ST-ZIP BOCA RATON FL 33496

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 17640 Lake Estates Dr  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME LITTEN, NEIL  
STREET ADDRESS 7100 QUEEN FERRY CIRCLE #3420F  
CITY-ST-ZIP BOCA RATON FL 33496

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 7100 Queensferry Circle  
CITY-ST-ZIP

TITLE VTS ☒ Delete  
NAME DUELL, KARL E  
STREET ADDRESS 105 DEER CREEK RD., #M-209  
CITY-ST-ZIP DEERFIELD BEACH FL 33442

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)