

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006606

1. Entity Name

CIGARETTES CHEAPER!, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90024 011 ***150.00

Principal Place of Business

Mailing Address

4457 PARK ROAD
BENICIA CA 95410

4457 PARK ROAD
BENICIA CA 95410

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

68-0365674

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	VD	<input type="checkbox"/> Delete
NAME	ROSCOE, JOHN F	
STREET ADDRESS	4457 PARK ROAD	
CITY-ST-ZIP	BENICIA CA 95410	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BALDWIN, MARK	
STREET ADDRESS	4457 PARK ROAD	
CITY-ST-ZIP	BENICIA CA 95410	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROSCOE, NED F	
STREET ADDRESS	4457 PARK ROAD	
CITY-ST-ZIP	BENICIA CA 95410	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	BALDWIN, SALLY J	
STREET ADDRESS	4457 PARK ROAD	
CITY-ST-ZIP	BENICIA CA 95410	
TITLE	V	<input type="checkbox"/> Delete
NAME	CHAPMAN, JEREMY S	
STREET ADDRESS	4457 PARK ROAD	
CITY-ST-ZIP	BENICIA CA 95410	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROSCOE, MARILYN J	
STREET ADDRESS	4457 PARK ROAD	
CITY-ST-ZIP	BENICIA CA 95410	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Mark Baldwin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK BALDWIN

2/17/00

Date

707-745-8146

Daytime Phone #

CR2E034 (9/99)