

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000000999

FILED
May 09, 2003
Secretary of State

Entity Name: CIGARETTESEXRESS.COM, LLC

Current Principal Place of Business:

4700 VAN KLEECK DR.
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

P O BOX 2593
NEW SMYRNA BEACH, FL 32170

Current Mailing Address:

P.O. BOX 2593
NEW SMYRNA BEACH, FL 32170

New Mailing Address:

FEI Number: 22-3706083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOSTETTER, J.C.
4700 VAN KLEECK DR.
NEW SMYRNA BEACH, FL 32169

Name and Address of New Registered Agent:

HOSTETTER, J.C.
P O BOX 2593
NEW SMYRNA BEACH, FL 32170

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: J C HOSTETTER

05/09/2003

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BEST PRICE GROUP, LL, C
Address: P O BOX 2593
City-St-Zip: NEW SMYRNA BEACH, FL 32170

Title: MGRM () Delete
Name: P/SOFT CONSULTING, I, NC.
Address: 3659 VIA BERNARDO
City-St-Zip: OCEANSIDE, CA 92056

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: L PITZALIS

MAN

05/09/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date