

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90012 010 \*\*\*150.00

**DOCUMENT # P00000012866**

1. Entity Name  
**HEAVENLY CIGAR COMPANY, INC.**

Principal Place of Business Mailing Address  
57 **3760 Arnold Ave.** **3760 Arnold Ave.**  
**Naples, FL 34104** **Naples, FL 34104**

*New Ad*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>065-0982311</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>MONTY, TED</b> <b>5781 16TH AVENUE, NW</b> <b>NAPLES FL 34119</b>				7. Name and Address of New Registered Agent Name <b>Heather L. Phillips</b> Street Address (P.O. Box Number is Not Acceptable) <b>1351 Curlew Ave. #101</b> <b>Naples, FL 34102</b> City <b>FL</b> Zip Code			
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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 *Heather L. Phillips* DATE **2/16/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	<b>D</b> <b>MONTY, TED</b> <b>5781 16TH AVENUE, NW</b> <b>NAPLES FL 34119</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PST</del>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST Heather L. Phillips</b> <b>1351 Curlew Ave. #101</b> <b>Naples, FL 34102</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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: *Heather L. Phillips* DATE **2/16/01** 941-262-7250  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR Date Daytime Phone #

CR2E034 (10/00)