

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # <u>P00000033314</u>	
1. Entity Name UNIVERSAL SMOKES, INC	

2005 SEP 16 PM 2: 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

50066939

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>213 E EMILY STREET / P.O. Box 360326</u>	3. Mailing Address <u>213 E EMILY STREET / P.O. Box 360326</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State TAMPA, FL	City & State TAMPA, FL	4. FEI Number 16-1630694	Applied For <input type="checkbox"/> Not Applicable
Zip <u>33603 / 33673</u>	Country HILLSBOROUGH	Zip <u>33603 / 33673</u>	Country HILLSBOROUGH
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ZACHARY B HUDSON
Street Address (P.O. Box Number is Not Acceptable) <u>213 E EMILY STREET</u>
<u>9336 N. Dartmouth</u> <u>33612</u>
City TAMPA FL Zip Code <u>33603</u>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ZACHARY B HUDSON, PRESIDENT
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PD</u> ZACHARY B HUDSON 213 E EMILY STREET TAMPA, FL 33603	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>100059751141</u> <u>09/19/05--01062--020 **150.00</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PD</u> Zachary B. Hudson 9336 N. Dartmouth Tampa, FL 33612	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Zachary B. Hudson **Z. BERNARD HUDSON** 8-11-05 813-765-3728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

g/bw