

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90206 023 ***158.75

DOCUMENT # P00000033314

1. Entity Name
UNIVERSAL SMOKES, INC.



Principal Place of Business
**1914 EAST CHELSEA
TAMPA FL 33610**

Mailing Address
**1914 EAST CHELSEA
TAMPA FL 33610**

11014928



2. Principal Place of Business

1914 East Chelsea St
Suite, Apt. #, etc.

3. Mailing Address

1914 East Chelsea St
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

16-1630694

☒ Applied For
☐ Not Applicable

Zip

33610

Country

Hillsborough

Zip

33610

Country

Hillsborough

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LAURATO, MICHAEL V
1902 W. BASS STREET
TAMPA FL 33606**

7. Name and Address of New Registered Agent

Name **Z.B.H. Enterprises**
Street Address (P.O. Box Number is Not Acceptable)

1914 E. Chelsea St
City **Tampa** FL Zip Code **33610**

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**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-23-03
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PV** ☐ Delete
NAME **HUDSON, ZACHARY B**
STREET ADDRESS **1914 EAST CHELSEA**
CITY-ST-ZIP **TAMPA FL 33610**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-03
Date

813-765-3728
Daytime Phone #

CR2E034 (10/02)