

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

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

06-03-2002 91197 026 \*\*\*150.00

DOCUMENT # **P01000007161**

1. Entity Name

**CIGARBOX SOFTWARE, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**2039 SE 10th AVE**

3. Mailing Address

**2039 SE 10th AVE**

Suite, Apt. #, etc.

**Apt # 509**

Suite, Apt. #, etc.

**Apt # 509**

City & State

**Fort Lauderdale FL**

City & State

**Fort Lauderdale FL**

Zip

**33316**

Country

**U.S.**

Zip

**33316**

Country

**U.S.**

4. FEI Number

**65-1082962**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional**

**Fee Required**

7. Name and Address of Current Registered Agent

Name

**Tim Higgins**

Street Address (P.O. Box Number is Not Acceptable)

**2039 SE 10th AVE**

**Apt # 509**

City

**Fort Lauderdale**

**FL**

Zip Code

**33316**

**DO NOT WRITE  
IN THIS SPACE**

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

**Tim Higgins II**

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)

☐

**January 1 - May 1: Fee is \$150.00**

**After May 1: Fee is \$550.00**

**Amended UBR is \$61.25**

**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

TITLE

**P**

NAME

**Tim Higgins**

STREET ADDRESS

**2039 SE 10th AVE # 509**

CITY - ST - ZIP

**Fort Lauderdale, FL 33316**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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NAME

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CITY - ST - ZIP

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CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE: **Tim Higgins II**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

**5-28-2002 (954) 661-8497**

CR2ED034B (12/01)