

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90276 004 \*\*\*158.75

DOCUMENT # P01000064875

1. Entity Name  
CIGAR ALLEY CIGARS, INC.



Principal Place of Business  
112 FITZPATRICK ST.  
KEY WEST FL 33040

Mailing Address  
112 FITZPATRICK ST.  
KEY WEST FL 33040

2. Principal Place of Business  
3337 E OAKLAND PARK  
Suite, Apt. #, etc.

3. Mailing Address  
JAMES  
Suite, Apt. #, etc.

City & State  
FORT LAUDERDALE, FL

City & State

4. FEI Number 65-1126218

Applied For  
Not Applicable

Zip 33308 Country FLORIDA

Zip Country

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

## 6. Name and Address of Current Registered Agent

BLACK, LAWRENCE E  
3326 N.E. 33RD STREET  
FORT LAUDERDALE FL 33308

## 7. Name and Address of New Registered Agent

Name JAMES D. JOINER  
Street Address (P.O. Box Number is Not Acceptable)  
9 FORT ROYAL ESCE  
City FT. LAUDERDALE FL Zip Code 33308

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 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 NAME STREET ADDRESS CITY-ST-ZIP	PSD JOINER, JAMES 3313 N.E. 33RD STREET FT. LAUDERDALE FL 33308	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD JOINER, JAMES 9 FORT ROYAL ESCE FORT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 1, 2003

Date Daytime Phone #

CR2E034 (10/02)