

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90032 032 ***150.00

DOCUMENT # P01000092646

1. Entity Name
SMOKERS PARADISE, INC.

Principal Place of Business

**3185 NEWMARK DR
DELTONA FL 32738**

Mailing Address

**3185 NEWMARK DR
DELTONA FL 32738**

2. Principal Place of Business

502 Seabreeze Blvd.

Suite, Apt. #, etc.

City & State

DAYTONA, FL.

Zip

32118

Country

FLORIDA

3. Mailing Address

1812 Sweetwater Bend

Suite, Apt. #, etc.

City & State

DELTONA, FL.

Zip

32738

Country

FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3754467

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DOWLAT, STANLEY
3185 NEWMARK DR
DELTONA FL 32738**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

STANLEY DOWLAT
(NOTE: Registered Agent signature required when reinstating)

DATE

1-13-02

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE **DP** ☐ Delete
NAME **DOWLAT, STANLEY**
STREET ADDRESS **3185 NEWMARK DR**
CITY-ST-ZIP **DELTONA FL 32738**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Stanley Dowlat
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

1-13-02

CR2E034 (9/01)