

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

Roberts MAY 03 2005

DOCUMENT # **P04000113088**

1. Entity Name

CIG-N-STOP, INC.

FILED

05 APR 29 PM 5:06

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2881 Jefferson Street

3. Mailing Address
P. O. Box 138

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Marianna, Florida

City & State
Marianna, Florida

4. FEI Number
20-1470476

Applied For
Not Applicable

Zip
32446

Country
USA

Zip
32447

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
THOMAS C. WILKINSON

Street Address (P.O. Box Number is Not Acceptable)
2881 Jefferson Street

City
Marianna FL 32446

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**700054018267
05/06/05--01075--001 **150.00**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
THOMAS C. WILKINSON
2881 Jefferson Street
Marianna, FL 32446**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**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.

SIGNATURE: *Thomas C. Wilkinson*
THOMAS C. WILKINSON, PRESIDENT

April 29, 2005 (850)482-4000

Date

Daytime Phone #

CR2E034B (12/01)