


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2003 8:00 am
Secretary of State

04-17-2003 90205 038 ***150.00

DOCUMENT # P94000043359

1. Entity Name
TOBACCO ZONE, INC.



Principal Place of Business
7175 N WICKHAM RD
MELBOURNE FL 32940
US

Mailing Address
PO BOX 410306
MELBOURNE FL 32941
US



2. Principal Place of Business
2970 St. James Lane
Suite, Apt. #, etc.

3. Mailing Address
2970 St. James Lane
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Melbourne, FL

City & State
Melbourne, FL

4. FEI Number
59-3252234

Applied For
 Not Applicable

Zip
32935

Country
USA

Zip
32935

Country
USA

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

6. Name and Address of Current Registered Agent
SCHNEIDER, DUANE
7175 N WICKHAM RD
MELBOURNE FL 32935

7. Name and Address of New Registered Agent
Name: Shawn Schneider
Street Address (P.O. Box Number is Not Acceptable):
2970 St. James Lane
City: Melbourne FL Zip Code: 32935

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: Shawn Schneider DATE: 5-8-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SCHNEIDER, DUANE E 7175 N WICKHAM RD MELBOURNE FL 32940 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHNEIDER, SHAWN P. 7175 N WICKHAM RD MELBOURNE FL 32940 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Schneider, Shawn P. 2970 St. James Lane Melbourne, FL 32935 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Shawn Schneider **SIGNATURE REQUIRED** DATE: 4-15-03 (321)2537586

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)