

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000007323

1. Entity Name

UP IN SMOKE INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90011 020 \*\*\*150.00

Principal Place of Business

Mailing Address

2748 CAPITAL CIR NE  
 UNIT M  
 TALLAHASSEE FL 32308

P.O. BOX 14148  
 TALLAHASSEE FL 32317-4148

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3357222

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUBER, KARL L  
 3510 OFFALY CT  
 TALLAHASSEE FL 32308

Name: Suber, Mark M.

Street Address (P.O. Box Number is Not Acceptable)  
 3510 OFFALY CT.

City

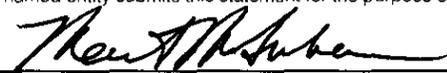
Tallahassee

FL

Zip Code 32308

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)

4/4/00

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  Delete  
 NAME SUBER, KARL L  
 STREET ADDRESS 3510 OFALLY CT  
 CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE P  Change  Addition  
 NAME SUBER, MARK M.  
 STREET ADDRESS 3510 OFFALY CT.  
 CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE VPST  Delete  
 NAME SUBER, MARK M  
 STREET ADDRESS 3510 OFFALY CT.  
 CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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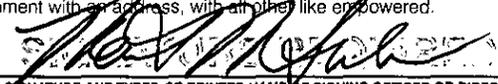
TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/00

DATE

850-385-1925

Daytime Phone #

CR2E034 (9/99)