FILED
03 NOV 26 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000088949

1. Entity Name
THE ORIGINAL KEY WEST CIGAR FACTORY, INC.

Principal Place of Business	Mailing Address
316 WILLIAMS STREET KEY WEST, FL 33040	316 WILLIAMS STREET KEY WEST, FL 33040

2. Principal Place of Business	3. Mailing Address
708 WILLIAM Suite, Apt. #, etc.	same Suite, Apt. #, etc.
City & State: Key West	City & State: FL
Zip: 33040 Country: Monroe	Zip: Country:

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0728453 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILBIS, GUY A
2432 FLAGLER AVE
PARKS AND WILES, CPA
KEY WEST, FL 33040

7. Name and Address of New Registered Agent

Name: DIANNE ZOLOTOW
Street Address (P.O. Box Number is Not Acceptable): 708 WILLIAM ST
City: Key West FL Zip Code: 33040

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 $150.00
After March 2003 Fee will be $160.00
Annual UBR $ 561.25
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	P WALSH, ELEANOR 316 WILLIAMS STREET KEY WEST, FL 33040 deceased	☒ Delete	PRESIDENT LESLIE NIEMEYER 10324 TOPAZ SPRING DR ST LOUIS MO 63139	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~LESLIE NIEMEYER~~	☐ Delete	VICEPRESIDENT DIANNE ZOLOTOW 708 WILLIAM Key West FL 33040	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	T5	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	000025 ☐ Change ☐ Addition 11/26/03--01019--019 **61.25	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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: Dianne Zolotow 11/24/03 305 292 7617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #