

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000004184

1. Entity Name

FAMOUS CIGARS INC.

FILED

Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90006 038 ***150.00

Principal Place of Business

Mailing Address

1200 BOCA CIEGA ISLE DR.
ST. PETERSBURG FL 33706

1200 BOCA CIEGA ISLE DR.
ST. PETERSBURG FL 33706-2546

2. Principal Place of Business

25032 US 19 N.

3. Mailing Address

25032 US 19 N.

Suite, Apt. #, etc.

CLEARWATER, FL.

Suite, Apt. #, etc.

CLEARWATER, FL.

City & State

City & State

4. FEI Number

59-3420998

Applied For

Not Applicable

Zip

Country

33763

USA

Zip

Country

33763

USA

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

~~SALAZAR, ALBERT A~~
~~1200 BOCA CIEGA ISLE DR.~~
~~ST. PETERSBURG FL 33706~~

Name

GARAT OATES

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

25032 US 19 N.

City

CLEARWATER

FL

Zip Code

33763

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

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, 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
NAME SALAZAR, ALBERT
STREET ADDRESS 7891 10TH AVE S.
CITY-ST-ZIP ST. PETERSBURG FL 33707

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE P
NAME OATES, GARAT
STREET ADDRESS 1200 BOCA CIEGA ISLE DR.
CITY-ST-ZIP ST. PETERSBURG FL 33206

☒ Delete

TITLE PRES.
NAME GARAT OATES
STREET ADDRESS 25032 US 19 N.
CITY-ST-ZIP CLEARWATER FL 33763

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 I like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARAT OATES

3/17/00 (727) 796 2442

DATE

Telephone #

CR2E034 (9/99)