

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2000 8:00 am
Secretary of State
 03-23-2000 90006 038 ***150.00

DOCUMENT # P97000004184
 1. Entity Name
FAMOUS CIGARS INC.

Principal Place of Business Mailing Address
~~1200 BOCA CIEGA ISLE DR.~~ ~~1200 BOCA CIEGA ISLE DR.~~
~~ST. PETERSBURG FL 33706~~ ~~ST. PETERSBURG FL 33706 2546~~

2. Principal Place of Business 3. Mailing Address
25032 US 19 N. **25032 US 19 N.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
CLEARWATER, FL. **CLEARWATER, FL.**
 City & State City & State

Zip Country Zip Country
33763 **USA** **33763** **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-3420998 Not Applicable

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

6. Name and Address of Current Registered Agent
~~SALAZAR, ALBERT *~~
~~1200 BOCA CIEGA ISLE DR.~~
~~ST. PETERSBURG FL 33706~~

7. Name and Address of New Registered Agent
 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 **GARAT OATES** DATE **3/16/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALAZAR, ALBERT		NAME		
STREET ADDRESS	7891 10TH AVE S.		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33707		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OATES, GARAT		NAME	GARAT OATES	
STREET ADDRESS	1200 BOCA CIEGA ISLE DR.		STREET ADDRESS	25032 US 19 N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33206		CITY-ST-ZIP	CLEARWATER FL. 33763	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **GARAT OATES** DATE **3/17/00** (727) 796 2442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (9/99)