2000 UNIFORM BUSINESS REPORT (UBR) Feb 14, 2000 8:00 am DOCUMENT # **P97000030102 Secretary of State DEL SOL CIGAR COMPANY** 02-14-2000 90049 038 ***150.00 Mailing Address Principal Place of Business 3908 RYALWOOD COURT MIN RYALWOOD COURT VALRICO FL 33594-6493 3. Mailing Address Reynolds Street 110 E. Keynold ID E. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-3436031 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent - - 6.- Name and Address of Current Registered Agent --Deena PARKER, KIMBERLY P.O. Box Number is Not Acceptable 1 3908 RYALWOOD CT VALRICO FL 33594 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete TITLE TITLE PARKER, DEREK NAME 110 E. Reynolds Sheet C/O 3908 RYALWOOD COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VALRICO FL 33594 Delete TITLE ATWELL, EVERETT M NAME NAME C/O 3908 RYALWOOD COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VALRICO FL 33594 حـ تـ Delete ـ ا TITLE -+-TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 impowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR