

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**  
 04-27-2001 90383 047 \*\*\*150.00

0336626

**DOCUMENT # P97000030102**

1. Entity Name

**AUGUSTUS ARNOLD FAMILY CIGARS, INC.**

Principal Place of Business

110 E REYNOLDS ST  
 STE 804  
 PLANT CITY FL 33566

Mailing Address

110 E REYNOLDS ST  
 STE 804  
 PLANT CITY FL 33566

**00042704**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3908 Ryahwood Court**  
 Suite, Apt. #, etc.

3. Mailing Address

**3908 Ryahwood Court**  
 Suite, Apt. #, etc.

City & State

**Valrico FL**

City & State

**Valrico, FL**

4. FEI Number

**59-3436031**

Applied For

Not Applicable

Zip

**33594**

Country

Zip

**33594**

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

**LICATA, DEENA**  
**100 E REYNOLDS ST**  
**STE 804**  
**PLANT CITY FL 33566**

Name

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

**210 S. Parsons Ave, Ste. 11**

City

**Brandon**

**FL**

Zip Code

**33511**

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

*Deena Licata*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/19/01**

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, 2001 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 **D** ☐ Delete  
 NAME **PARKER, DEREK**  
 STREET ADDRESS **110 E REYNOLDS ST STE 804**  
 CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE ☒ Change ☐ Addition  
 NAME **3908 Ryahwood Court**  
 STREET ADDRESS **Valrico FL 33594**  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **ATWELL, EVERETT M**  
 STREET ADDRESS **110 E REYNOLDS ST STE 804**  
 CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE ☒ Change ☐ Addition  
 NAME **2209 Longleaf Circle**  
 STREET ADDRESS **Lakeland, FL 33810**  
 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  
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TITLE ☐ Delete  
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 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:

*Derek Parker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/01**

DATE

**813-651-4184**

DAYTIME PHONE #

CR2E034 (10/00)