

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000039860

1. Entity Name

J.B. CIGARS, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90051 007 ***150.00

Principal Place of Business

Mailing Address

PO 210426

PO 210426

N/A

N/A

ROYAL PALM BEACH FL 33421

ROYAL PALM BEACH FL 33421-0426

US

US

00070644



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1124 Royal Palm Bch Blvd

3. Mailing Address

1124 Royal Palm Bch Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Royal Palm Bch, FL

City & State

Royal Palm Bch, FL

Zip

33411 Palm Beach

Zip

33401 Palm Bch

4. FEI Number

65-0767743

Applied For

Not Applicable

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

MARSHALL, JAMES B

116 VALENCIA ST

ROYAL PALM BEACH FL 33411

Name

JAMES B. MARSHALL

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

1124 Royal Palm Bch Blvd

Royal Palm Bch, FL

City

FL

Zip Code

33411

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

04-13-00

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	D	<input type="checkbox"/> Delete
NAME	MARSHALL, JAMES B	
STREET ADDRESS	116 VALENCIA ST	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARSHALL, THERESA E	
STREET ADDRESS	116 VALENCIA ST	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, JAMES B	
STREET ADDRESS	1124 Royal Palm Bch Blvd	
CITY-ST-ZIP	Royal Palm Bch, FL 33411	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, THERESA E	
STREET ADDRESS	1124 Royal Palm Bch Blvd	
CITY-ST-ZIP	Royal Palm Bch, FL 33411	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-13-00 561-790-7474

CR2E034 (9/99)