

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91612 034 \*\*\*150.00

DOCUMENT # P97000079078 ✓

1. Entity Name

Smoke - B - Gone, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

10921 NW 69th Place

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Parkland, FL

City & State

Zip

Country  
U.S.

Zip

Country

4. FEI Number

65-0780211

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Todd Roth

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

10921 N.W. 69th Place

City Parkland

FL

Zip Code  
33076

**DO NOT WRITE  
IN THIS SPACE**

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 Todd Roth / President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/02

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE Vice President  
NAME Derek Lewis  
STREET ADDRESS 15882 NW 15th Ct  
CITY - ST - ZIP Pembroke Pines, FL 33028

TITLE President  
NAME Todd Roth  
STREET ADDRESS 10921 NW 69th Place  
CITY - ST - ZIP Parkland, FL 33076

TITLE Treasurer  
NAME Helena Harnagsh  
STREET ADDRESS 10921 NW 69th Place  
CITY - ST - ZIP Parkland, FL 33076

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Todd Roth / Todd Roth / President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02

DATE

(954) 465-3850

Daytime Phone \*