

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000084787

1. Entity Name
PREMIER SMOKE CIGAR COMPANY, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90019 020 ***550.00

Principal Place of Business

4850 HERON POINT DR
413
TAMPA FL 33647

Mailing Address

4850 HERON POINT DR
413
TAMPA FL 33647

2. Principal Place of Business

3510 West Leona St.

Suite, Apt. #, etc.

3. Mailing Address

3510 West Leona St

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Tampa, Florida

4. FEI Number

59-3474335

Applied For

Not Applicable

Zip

33629

Country

U.S.A.

Zip

33629

Country

U.S.A.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

~~LATTARULO, DANIEL D~~

~~4850 HERON PT DR
#413
TAMPA FL 33616~~

7. Name and Address of New Registered Agent

Name

~~LATTARULO, DANIEL D~~

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

~~3510 West Leona Street~~

City

~~TAMPA~~

~~FL~~

Zip Code

~~33629~~

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

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 \$550.00

**After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LATTARULO, DANIEL D**
CITY-ST-ZIP **4850 HERON PT DR., SUITE 413
TAMPA FL 33616**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/00

Date

(813)404-5824

Daytime Phone #

CR2E034 (5/00)