

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000084787

1. Entity Name

PREMIER SMOKE CIGAR COMPANY, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90082 001 ***150.00

Principal Place of Business

3510 WEST LEONA ST
TAMPA FL 33629
US

Mailing Address

3510 WEST LEONA ST
TAMPA FL 33629
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3474335

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

~~LATTARULO, DANIEL D~~

4850 HERON PT DR

#413

TAMPA FL 33616

Name

Daniel D. Lattarulo

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

3510 W. Leona St.

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

Daniel D. Lattarulo

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

TITLE ☒ Change ☐ Addition
NAME **P**
STREET ADDRESS **LATTARULO, DANIEL D**
CITY-ST-ZIP **3510 WEST LEONA ST.
Tampa FL 33629**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: Daniel D. Lattarulo Daniel D. Lattarulo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01

Date

(813) 404-5824

Daytime Phone #

CR2E034 (10/00)

0030255