2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State
04-11-2000 90232 035 ***150.00

DOCUMENT # P99000016324

1. Entity Name

CIGARETTESBYMAIL.COM, INC.

Principal Place of Business	Mailing Address
~~1712 LONG BOW LANE~~ ~~CLEARWATER FL 33764~~	~~1712 LONG BOW LANE~~ ~~CLEARWATER FL 33764-6402~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 201 SOUTH MAIN ST.	3. Mailing Address: P.O. BOX 21786
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LOWELL NC	City & State: HILTON HEAD ISLAND SC
Zip: 28098 Country: USA	Zip: 29925 Country: USA

4. FEI Number: 59-3587018 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~HOVE, STEPHEN D~~
~~1712 LONG BOW LANE~~
~~CLEARWATER FL 33764~~

7. Name and Address of New Registered Agent

Name: GARY E. KIRSCHNER
Street Address (P.O. Box Number is Not Acceptable): ~~[illegible]~~ 1712 LONG BOW L[illegible]
CLEARWATER, FL 33764
City: ~~HILTON HEAD SC~~ Zip Code: ~~29926~~

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] GARY E. KIRSCHNER 4/6/00
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, 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

TITLE	DIRECTOR	☐ Delete
NAME	HOVE, STEPHEN D	
STREET ADDRESS	1712 LONG BOW LANE	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	PRESIDENT, CEO	☐ Delete
NAME	GARY E. KIRSCHNER	
STREET ADDRESS	27 PARKWOOD DR.	
CITY-ST-ZIP	HILTON HEAD SC 29926	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (9/99)

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] President 4/6/00 843 298 0319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #