

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State

04-18-2003 90187 017 ***150.00

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1. Entity Name
ESMOKES, INC.

Principal Place of Business
201 S. MAIN
LOWELL NC 28098
US

Mailing Address
P.O. BOX 21788
HILTON HEAD SC 29925
US

55037984



2. Principal Place of Business
P.O. Box 9208
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 9208
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
RESTON, VA
Zip
20195
Country
USA

City & State
RESTON, VA
Zip
20195
Country
USA

4. FEI Number
59-3587018

Applied For
☐ Not Applicable

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

8. Name and Address of Current Registered Agent

~~SCHIFINO, DAVID~~
~~ONE TAMPA CITY CENTER~~
~~201 N. FRANKLIN ST. STE 2700~~
~~TAMPA FL 33602~~

7. Name and Address of New Registered Agent

Name CARTER MCCAIN
Street Address (P.O. Box Number is Not Acceptable)
McFARLANE, FERGUSON & McMULLEN
P.O. Box 1531 400 N. Campus Street Ste 2300
City TAMPA FL 33602-0000

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Carla B. McK...

2/21/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP ☒ Delete
NAME ~~SCHIFINO, DAVID~~
STREET ADDRESS ~~201 N FRANKLIN STREET SUITE 2700~~
CITY-ST-ZIP ~~TAMPA FL 33602~~

TITLE PCEO ☐ Delete
NAME KIRSCHNER, GARY E
STREET ADDRESS PO BOX 21788
CITY-ST-ZIP HILTON HEAD ISLAND SC 29925

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CFO ☒ Change ☐ Addition
NAME JANAK THADANI
STREET ADDRESS P.O. Box 9208
CITY-ST-ZIP RESTON, VA 20195

TITLE CEO ☒ Change ☐ Addition
NAME GARY KIRSCHNER
STREET ADDRESS P.O. Box 9208
CITY-ST-ZIP RESTON, VA 20195

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

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

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

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

12. 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 10 or Block 11 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

2/5/03

Date

703-391-7603 x 228

Daytime Phone #

CR2004 (10/02)