

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019615

1. Entity Name

THE CIGAR SHOPPE, INC.

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

07-12-2000 90011 049 ***150.00

Principal Place of Business

10859 EMERALD COAST PKWY.. #4-125
DESTIN FL 32541

Mailing Address

10859 EMERALD COAST PKWY.. #4-125
DESTIN FL 32541

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 3611 784

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

SCHEYD, JOSEPH M JR.
305 MAIN ST.
DESTIN FL 32541

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MARTINES, MICHAEL V**
CITY-ST-ZIP **10859 EMERALD COAST PKWY., #4-125
DESTIN FL 32541**

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

TITLE ☐ Delete
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-00

Date

(850) 231.0522

Daytime Phone #

CR21 004 11/00

PA9000019615

ACC67469

The Cigar Shoppe, Inc.

10859 Emerald Coast Parkway
#4-125
Destin FL 32541
USA

Phone 850-231-0522
Fax 850-650-2759

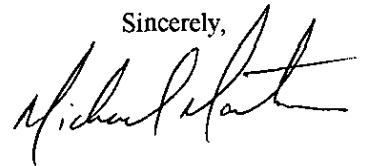
July 07, 2000

Katherine Harris
Secretary of State
P.O. Box 6327
Tallahassee, Florida 32314

Dear Katherine,

Recently I received a notice in the mail saying that I owed \$550.00 for a late fee for the 2000 Uniform Business Report. I did not know that I needed to file or pay anything or even what this was. I had not received any other notice than this and I called to see why I owed a late fee on something that I had no knowledge of the initial fee. Yesterday, I spoke to a gentleman named Robert in your office who would not give me his last name and he told me to write you this letter therefore clearly stating the reason you did not receive payment by May 1, 2000. If I would have known that this \$150.00 payment was due in May I certainly would have sent it. Since this is my first year as a corporation I was not aware of this fee, but now I am fully aware of this fee. I assure you this will not happen in the future now that I understand there is a fee and a time limit. I am sending a check for \$150.00 for the initial fee. Please consider waiving this late fee for my first year, this will not happen again in the future and I do sincerely apologize for any inconvenience this may have caused you and your office.

Sincerely,



Michael Martines