2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9700004081

Suite, Apt. #, etc.

City & State

Zip

COMMONWEALTH BRANDS, INC.

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

Mailing Address Principal Place of Business PO BOX 51587 → BOX 51587 GREEN KY 42102-5887 **BOWLING GREEN KY 42102-5887** 2. Principal Place of Business 3. Mailing Address

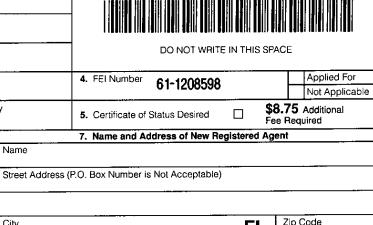
6. Name and Address of Current Registered Agent

Suite, Apt. #, etc.

City & State

May 05, 2000 8:00 am Secretary of State

05-05-2000 90028 034 ***150.00



PLANTATION FL 33324 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PSDC** Addition Change TITLE ☐ Delete TITLE KELLEY, BRAD M NAME NAME 2200 LAPSLEY LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOWLING GREEN KY 42102-5887** CITY-ST-ZIP ■ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Country

Name

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.

R DIRECTOR