

FILED
May 14, 2003 8:00 am
Secretary of State

03-25-2003 90071 024 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

55040896

DO NOT WRITE IN THIS SPACE

DOCUMENT #201 cor Profit A/R 1. Entity Name <u>P020000051495</u> Sarasota Crossings Spirits, Inc. dba Crossings Liquors			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 5503 Fruitville Rd.		3. Mailing Address Same	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State Sarasota, Fl.,		City & State same	
Zip 34232		Country same	
4. FEI Number 03-0455652		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent	
DO NOT WRITE IN THIS SPACE		Name Danis Buivydas	
		Street Address (P.O. Box Number is Not Acceptable) 870 Cedarcrest Court	
		City Sarasota, Fl., 34232 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		Danis Buivydas	
		3/21/03	
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
Romas D. Buivydas, pres. 8395 Shadow Pine Way Sarasota, Fl., 34238			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
DaNIS Buivydas, treas. 870 Cedarcrest Ct. Sarasota, Fl., 34232			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
Daiva M. Richardson V. PRES 3458 Yonge Ave. Sarasota, Fl., 34235			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
		DO NOT WRITE IN THIS SPACE	
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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 on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Danis Buivydas, treas. (94) 571-5513/3/21/03	

CR200348 (12/02)