


**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90191 005 \*\*\*150.00

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

**90089396**

DOCUMENT # **P94000006133**  
 1. Entity Name  
**Tampa Bay Brewing Associates, Inc.** 

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**1107 Key Plaza**  
 Suite, Apt. #, etc.

3. Mailing Address  
**PO Box 6101**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Key West, FL**

City & State  
**Key West, FL**

Zip  
**33040** Country  
**USA**

Zip  
**33041** Country  
**USA**

4. FEI Number  
**593229332** Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**Judy Lakin**

Street Address (P.O. Box Number is Not Acceptable)  
**1412 Flagler Ave**

City  
**Key West FL** Zip Code  
**33040**

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 **Judy Lakin** *Judy Lakin* **04/11/03**  
Signature, typed or printed name of registered agent, and date, if applicable. (NOTE: Registered Agent Signature required when resigning.) DATE

January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
 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 <b>DPT</b>	<b>President / Treasurer / Director</b>	TITLE	
NAME	<b>Arthur Trotman</b>	NAME	
STREET ADDRESS	<b>1107 Key Plaza</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>Key West, FL 33040</b>	CITY-ST-ZIP	
TITLE <b>S</b>	<b>Secretary</b>	TITLE	
NAME	<b>Judy Lakin</b>	NAME	
STREET ADDRESS	<b>1412 Flagler Ave</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>Key West FL 33040</b>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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, will or other like empowerment.

SIGNATURE: *Judy Lakin* **04/11/03** **305-296-9465**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deadline Phone #

CR2E034B (12/02)