FILED
Sep 03, 2003 8:00 am
Secretary of State
08-11-2003 90285 038 ***500.00
09-03-2003 90022 014 ****50.00

90153863

[redacted]

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038181

1. Entity Name
FAMILY LIQUOR CATERERS, INC.

Principal Place of Business	Mailing Address
3701 W. GRACE ST. TAMPA FL 33607	3701 W. GRACE ST. TAMPA FL 33607

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
2322 W. CYPRESS ST		2322 W CYPRESS ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: TAMPA FL		City & State: TAMPA FL	
Zip: 33609	Country: HILLS.	Zip: 33609	Country: HILLS.

4. FEI Number 59-3613328 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GUGGINO, CAROL J
~~3701 W. GRACE ST.~~
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name: GUGGINO CAROL J.
Street Address (P.O. Box Number is Not Acceptable): 2322 W. CYPRESS ST
City: TAMPA FL Zip Code: 33609

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: Carol J Guggino DATE: 7/25/03

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~~
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: GUGGINO, CAROL J STREET ADDRESS: 3911 SAN MIGUEL STREET CITY-ST-ZIP: TAMPA FL 33607	☐ Delete	TITLE: PRESIDENT NAME: GUGGINO CAROL J. STREET ADDRESS: 3911 SAN MIGUEL ST CITY-ST-ZIP: TAMPA FL 33607.	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: Carol J Guggino — 7/25/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #