## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P95000070285 **DOCUMENT #**



## **FILED** Mar 11, 2003 8:00 am Secretary of State

Principal Pace of Business   Suite ADF   Suite 207   S	7 1	LIC BEVE	ERAGE AND TOE	BACCO CONSULT	ANTS INC			03-11-2003 9	0148 024 **	*150	.00	
Sullin, Apt. 4, etc.	1964 HOWEL SUITE 207	L Branch Re		1964 HOWELL BRA SUITE 207	1964 HOWELL BRANCH RD. SUITE 207			1 ( <b>18</b> () <b>8</b> () 10 (18 () 18 () 18 () 18 ()				
City & State  Ci	2. Principal Place of Business			Suite, Apt. #, etc.			$\dashv$					
Second State   Seco	Suite, Apt. #, etc.											
Second   S	City & State		4. FEI Number 59-3335325									
CRAY, EDWARD 390 WILSHIRE BOULEVARID SUFFE 2TT CAASSELBERRY FL 32707  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 Forda. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  STELL ROW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  MAKE ORY, EDWARD J.  1884 HOWELL BRANCH RD STE 207  WINTER PARK FL 32792  TILE  MAKE STREET AUGRESS  CITY-ST-2P  TILE  TILE  MAKE STREET AUGRESS  CITY-ST-2P  TILE  MAK	Zip		Country	Zip	Count	ry	<b>5</b> . C	Pertificate of Status Desired		75 Ad	ditional	
CRAY, EDWARD 300-WILSHIRE BOULEVARID SUFFE 217 CAGGELBERRY FL 32707  8. The above named antity submits this statement for the purpose of changing its registered affice or registered agent, or both, in this State of Fordia. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    FILE NOW!!! FEE IS \$150.00		6. Name	and Address of Curre	nt Registered Agent			7. N	ame and Address of New Re	gistered Agent			
City in the pack FL 22/50 2	CRAY, ED	OWARD	`*i			SAM						
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent a			141	Change address		Street Addres	BS (P.O. Bg	X Number is Not Acceptable on the Strawch	. RD	sle	207	1
SIGNATURE   Signature, repeat or priesd name of registered agent and title it applicabilities   (NOTE: Registered Agent signature or recistancy)   DATE						CityWin	ter	PARK			792	
Signature, printed remote all registered agrees and title if applicable.   (NOTE Registered Agent alignature remoterance)   DATE	the obligat	e named entity tions of regist	v submits this statement ered agent.	for the purpose of chang	ling its registere	d office or regis	stered age	nt, or both, in the State of Flori	da. I am familia	r with,	and accept	1
After May 1, 2003' Fee will be \$550.00 May Be Added Check Payable to Florida Department of State  10.		Signature, typed	or printed name of registered age	nt and title if applicable.	(NOTE: Registered	Agent signature requ	ired when rein	nstating)	DATE			
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12. I hereby certify that the information supplied with this filling 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: