

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 14, 2003 8:00 am**  
**Secretary of State**

07-14-2003 90328 047 \*\*\*150.00  
04-28-2003 91349 036 \*\*\*150.00

DOCUMENT # *P02 000 129724 (L)*  
1. Entity Name  
*ANDY 2 Beverage Castle, Inc.*



Principal Place of Business  
*1825 Shepherd Rd  
Lakeland FL 33811*

Mailing Address  
*113 S MACDILL AVE  
TAMPA FL 33609*

2. Principal Place of Operations  
3. Mailing Address  
*113 S. MacDill Ave*  
Suite, Apt. #, etc.  
*# B*

City & State  
*Tampa FL*  
Zip  
*33609*

4. FEI Number  
*42-1562661*  
Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
*Annie Kim  
1825 Shepherd Rd  
Lakeland FL 33811*

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City *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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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 |                          |                                 |
|----------------------------|--------------------------|---------------------------------|
| TITLE                      | <i>D &amp; President</i> | <input type="checkbox"/> Delete |
| NAME                       | <i>Jin Hee LEE</i>       |                                 |
| STREET ADDRESS             | <i>1825 Shepherd Rd</i>  |                                 |
| CITY-ST-ZIP                | <i>Lakeland FL 33811</i> |                                 |
| TITLE                      |                          | <input type="checkbox"/> Delete |
| NAME                       |                          |                                 |
| STREET ADDRESS             |                          |                                 |
| CITY-ST-ZIP                |                          |                                 |
| TITLE                      |                          | <input type="checkbox"/> Delete |
| NAME                       |                          |                                 |
| STREET ADDRESS             |                          |                                 |
| CITY-ST-ZIP                |                          |                                 |
| TITLE                      |                          | <input type="checkbox"/> Delete |
| NAME                       |                          |                                 |
| STREET ADDRESS             |                          |                                 |
| CITY-ST-ZIP                |                          |                                 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |   |
|---|--|---|
| TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |  |   |
| STREET ADDRESS  |  |   |
| CITY-ST-ZIP   |  |   |
| TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |  |   |
| STREET ADDRESS  |  |   |
| CITY-ST-ZIP   |  |   |
| TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |  |   |
| STREET ADDRESS  |  |   |
| CITY-ST-ZIP   |  |   |
| TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |  |   |
| STREET ADDRESS  |  |   |
| CITY-ST-ZIP   |  |   |

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: *Jin Hee Lee*

*7/7/03*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Business Name #

0095034 AV

CR2E034 (4/03)

Attachment #  
10109899

## ANDY 2 BEVERAGE CASTLE, INC.

113 S. MacDill Avenue #B, Tampa, FL 33609

Telephone: (813)876-6442

July 7, 2003

Annual Reports Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Annual Report

#P 02000129724

year 2003

Dear Ladies and gentlemen:

In accordance with our telephone conversation with one of your staff, I am writing this letter along with the enclosed form of annual report and a check of \$ 150.00.

As you may note in the annual report form, the address was changed. We could not figure out why the address was not corrected and we did not receive renewal notice form at all.

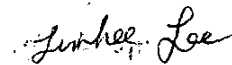
The correct mailing address is as follows:

113 South MacDill Avenue #B, Tampa, FL 33609

Inasmuch as we never received the form and any notice at all and we did not try to ignore nor disregard the rules and regulation, we are respectfully requesting you to abate any possible late filing penalty.

We thank you very much for your consideration in this matter and please feel free to call me should you have any questions in this matter.

Very truly yours,

  
JinHee Lee  
Enclosure