

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90087 025 ***150.00

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DOCUMENT # 315363

1. Entity Name
BREWERS & BOTTLERS EQUIPMENT CORPORATION



Principal Place of Business
**2501 N GULF BLVD
INDIAN ROCKS BEACH FL 33785
US**

Mailing Address
**P O BOX 67
INDIAN ROCKS BEACH FL 33785-0067
US**



2. Principal Place of Business

3. Mailing Address

P.O. Box 248

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

Indian Rocks Beach, FL

4. FEI Number **06-0725200**

Applied For

Not Applicable

Zip

Country

33785

Country

Pinellas

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREENBERG, ANITA R.
2513 GULF BLVD.
INDIAN ROCKS BCH FL 33785**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **PD** ☐ Delete
NAME **GREENBERG, BERNARD**
STREET ADDRESS **3105 TIFFANY**
CITY-ST-ZIP **BELLAIR BCH, FL 00000**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **GREENBERG, ANITA**
STREET ADDRESS **2513 GULF BLVD.**
CITY-ST-ZIP **INDIAN ROCKS BCH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Anita R. Greenberg**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/2003

721-595-3480

Date

Daytime Phone #

CR2E034 (10/02)