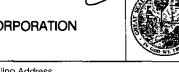
-- 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

315363 **DOCUMENT #**

BREWERS & BOTTLERS EQUIPMENT CORPORATION



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

04-04-2003 90087 025 ***150.00

				13						
Principal Place of Business 2501 N GULF BLVD INDIAN ROCKS BEACH FL 33785 US		PΟ	Mailing Address P O BOX 67 INDIAN ROCKS BEACH FL 33785-0067 US							
2. Principal Place of Business			3. Mailing Address P.D. Bot 248							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			Indicen Rocks BEACH, Fl.			4. FEI Numb	of-0725200	1	_ 	oplied For ot Applicable
Zlp	Country		Zip Cou		intry		e of Status Desired		8.75 Add	ditional
	6. Name and Address of Curre	nt Registere	ed Agent			7. Name and	Address of New R	egistered A	gent	
	· · · · · · · · · · · · · · · · · · ·			Nai	me		= · = ·		<u>-</u>	
Greenberg, anita R. 2513 Gulf Blvd.			Street Address			(P.O. Box Number is Not Acceptable)				
INDIAN R	OCKS BCH FL 33785						-			
				City	y			FL	Zip Code	e
	named entity submits this statement ions of registered agent.	for the purp	oose of changing its	registered offi	ce or register	ed agent, or bo	th, in the State of Flo	rida. Fam fa	miliar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered age	nt and title if app	olicable (NOTE	: Registered Agent	signature required	when reinstating)	<u> </u>	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00							ection Campaign Fin			May Be
	Payable to Florida Department						<u> </u>			
10.	OFFICERS AN	D DIRECTO		11.		ADDITIONS	/CHANGES TO OFF	ICERS AND		
TITLE NAME	PD Greenberg, Bernard		☐ Delete	TITLE NAME					☐ Change	☐ Addition
STREET ADDRESS	3105 TIFFANY			STREET ADDI	RESS					
CITY-ST-ZIP	BELLAIR BCH, FL 00000			CITY-ST-ZIF						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREENBERG, ANITA 2513 GULF BLVD. INDIAN ROCKS BCH FL		☐ Delete	TITLE NAME STREET ADDI CITY-ST-ZIP				_	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDR		^ F		-	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET ADDR	RESS				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDR	RESS				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP		,			☐ Change	Addition

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.