AMENDED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 398829

1. Entity Name

ROY'S LIQUORS, INC.

FILED

01 AUG 29 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001 AMENDED UBR

Principal Place of Business	Mailing Address
720 S. 4th Street Ft. Pierce, FL 34950	720 S. 4th Street Ft. Pierce, FL 34950

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1416981 ☐ Applied For ☐ Not Applicable

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
ANDERSEN, ROY I 720 S. 4th Street Ft. Pierce, Fl 34950	Name: ANDERSEN, KEITH I. Street Address (P.O. Box Number Is Not Acceptable): 720 S. 4th Street City: Ft. Pierce FL Zip Code: 34950

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.

SIGNATURE _____ 5/18/01
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ANDERSEN, ROY I 3141 S. Indian River Dr. Ft. Pierce, FL ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700004589337--0 -09/15/01--01003--007 *****61.25 *****61.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ANDERSEN, KEITH I. 221 Garden Avenue Ft. Pierce, FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ANDERSEN, KEITH I. Garden Avenue ~~Ft. Pierce, FL~~ ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ANDERSEN, VICKI W. 3141 S. Indian River Dr. Ft. Pierce, FL ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD ANDERSEN, DEBORAH SUE 221 Garden Ave. Ft. Pierce, FL ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASD COOPER, DARCY 2007 S. Indian River Dr. Ft. Pierce, FL ☒ 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

CR2E084 (1/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5/18/01
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL DATE