2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

606327 **DOCUMENT #**

1. Entity Name

GULF POINTS LIQUORS, INC.



FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90475 015 ***150.00

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Zip Country	Suite, Apt	. #, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF N	MAKING	CHANGES	
Some and Address of Current Registered Agent To Name and Address of Current Registered Agent WILLIAMS, JOHN F. 15934 GLENFACIE COURT FT. MYERS FL 33908 City FL City FL Zip Code City City FL Zip Code City FL Zip Code City City FL Zip Code City FL Signature Registered Agent City FL Zip Code City FL Signature Registered Agent City FL Signature Registered Agent City FL Zip Code City FL Signature Registered Agent City FL Normal and Address of Rew Registered Agent City FL Normal and Address of New Registered Agent City FL Normal and Address of New Registered Agent City FL Normal and Address of New Registered Agent City FL Normal and Address of New Registered Agent City FL Normal and Address of New Registered Agent City FL Normal and Address of New Registered Agent City FL Normal and Address of New Registered Agent City FL Normal and Address of New Registered Agent City FL Normal and Address of New Registered Agent City City FL Normal and Address of New Registered Agent City City FL Normal and Address of New Registered Agent City City FL Normal and Address of New Registered Agent City City FL Normal and Address of New Registered Agent City City FL Normal and Address of New Registered Agent City City FL Normal and Address of New Registered Agent City City FL Normal and Address of New Registered Agent City Ci	City & Sta	te	City & State				4.	397 (8/3009)				
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MILLIAMS, JOHN F. 15934 GLENEAGLE COURT FT. MYERS FL 33908 City FL Zip Codo City F		6. Name	and Address of Current	Register	ed Agent			7.	Name and Address of New Regi			-
Sincer Address (P.O. Box Number is Not Acceptable) FT. MYERS FL 33908 City FL City	14/11 14.446			3			Name		Nume and Address of New Negl	stereu A	jent_	
ET. MYERS FL 33908 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, bread or present name of registered agent and the Acaptolache. (MCPE. Registered Agent				Street Addr			(P.O. Box Number is Not Acceptable)					
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Summare speed or protect name of registered agent and the Applicable NOTE. Registered Agent signature registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. FILE NOW!!! FEE IS \$150.00												
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. Signature Signat							City			FL	Zip Cod	e
SIGNATURE Signature travel or primed agent and life of applicable CNOTE Registered Agent signature inspired when reinstating) CATE	8. The above	named entity	submits this statement for	the purp	oose of changing its	registere	ed office or regist	tered a	gent, or both, in the State of Florida		 miliar with,	and accept
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.		lions or registe	erea agent.									
After May 1, 2003 Fee will be \$550.00 May Be Nake Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS 1578ET ADDRESS 1578ET ADDRESS 1578ET ADDRESS 158934 GLENEAGLE CT. 1771E WILLIAMS, JOHN F. 1771E SP 1771	SIGNATORE .	Signature, typed	or printed name of registered agent a	nd title if app	Dlicable. (NOTE	: Registere	d Agent signature requir	red when	reinstating)	DATE		-
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE P Change Addition NAME 15934 GLENEAGLE CT. FT. MYERS FL 33 9 0 8 TITLE S CITY-ST-ZIP TITLE S CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS STRE	After	r May 1, 200	3 Fee will be \$550.00					•••	1	ing		
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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: