2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 660821 **Secretary of State** 1. Entity Name 01-21-2002 90062 011 ***150.00 HALE'S LIQUORS, INC. Principal Place of Business Mailing Address % STANLEY PARMET % STANLEY PARMET T 1010 E JEFFERSON STREET 1010 E JEFFERSON STREET BROOKSVILLE FL 34601-0427 BROOKSVILLE FL 34601-0427 2. Principal Place of Business Yona) DO NOT WRITE IN THIS SPACE fferson Strail Applied For 4. FEI Number 59-1989435 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired ロSA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CURTIS, RONALD S Street Address (P.O. Box Number is Not Acceptable) 1010 EAST JEFFERSON STREET **BROOKSVILLE FL 34601** City 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. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01)Change TITLE PD ☐ Delete TITLE ☐ Addition Curtis, ronald s NAME NAME CR2E034 29062 FRIAR ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NOBLETON FL 34661 CITY-ST-ZIP TITLE ☐ Addition TITI F Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 'CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Change Delete TITLE

13. Thereby 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 chapted or on an attachment without other like appropriate. changed, or on an attachmen

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP