

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90245 029 ***150.00

DOCUMENT # F98000001045
1. Entity Name
CENTRAL EUROPEAN DISTRIBUTION CORPORATION



Principal Place of Business
**1343 MAIN STREET
SUITE 301
SARASOTA FL 34236**

Mailing Address
**1343 MAIN STREET
SUITE 301
SARASOTA FL 34236**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
54-1865271

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

**PC
CAREY, WILLIAM V
1343 MAIN STREET
SARASOTA FL 34236**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**JAMES ARCHBOLD
Director of Investor Relations
1343 Main St, Suite 301
Sarasota, FL 34236**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VC
PETERSON, JEFFREY
1343 MAIN STREET #301
SARASOTA FL 34236**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**Chief Operating Officer
EVANGELAS EVANGELOU
Ul. BOKSERSKA 66a
WARSAW, POLAND 02-690**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**CFO
CROOK, NEIL
U1 BOKSERSKA 66 A
WARSAW, POLAND 02-69**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DIRECTOR
TONY HOUSH
Ul. Bokserska 66a
WARSAW, POLAND 02-690**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
GROSSMANN, JAMES T
1343 MAIN STREET
SARASOTA FL 34236**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DIRECTOR
RICHARD ROBERTS
21361 Clappertown drive
ASHBURN, VA 20147**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
LASKWOSKI, JAN
U1 BOKSERSKA 66 A
WARSAW, POLAND 02-69**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DIRECTOR
SCOTT FINE
1343 Main St, Suite 301
SARASOTA, FL 34236**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 Feb 03 941 330-1558

Date

Daytime Phone #

CR2E034 (10/02)