

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90048 008 ***150.00

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DOCUMENT # F98000003064

1. Entity Name
NOLET SPIRITS U.S.A., INC.

Principal Place of Business Mailing Address

30 JOURNEY **30 JOURNEY**
ALISO VIEJO CA 92672 **ALISO VIEJO CA 92672**
92656 *92656*

2. Principal Place of Business 3. Mailing Address

30 JOURNEY **30 JOURNEY**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

ALISO VIEJO, CA **ALISO VIEJO, CA**

Zip Country Zip Country

92656 **USA** **92656** **USA**

4. FEI Number Applied For

88-0341090 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	
TITLE	DP <input type="checkbox"/> Delete
NAME	ELDIEN, WILLIAM L
STREET ADDRESS	30 JOURNEY
CITY-ST-ZIP	ALISO VIEJO CA 92656
TITLE	DVST <input type="checkbox"/> Delete
NAME	NOLET, CAROLUS H.J. JR.
STREET ADDRESS	30 JOURNEY
CITY-ST-ZIP	ALISO VIEJO CA 92656
TITLE	CD <input type="checkbox"/> Delete
NAME	NOLET, CARL H SR.
STREET ADDRESS	30 JOURNEY
CITY-ST-ZIP	ALISO VIEJO CA 92656
TITLE	D <input type="checkbox"/> Delete
NAME	NOLET, BOB
STREET ADDRESS	30 JOURNEY
CITY-ST-ZIP	ALISO VIEJO CA 92656
TITLE	D <input type="checkbox"/> Delete
NAME	DEMOS, HANS
STREET ADDRESS	30 JOURNEY
CITY-ST-ZIP	ALISO VIEJO CA 92656
TITLE	D <input type="checkbox"/> Delete
NAME	IJFF, JAN
STREET ADDRESS	30 JOURNEY
CITY-ST-ZIP	ALISO VIEJO CA 92656

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: SIGNATURE OF REGISTERED AGENT 3/25/02 Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)