2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004680

1. Entity Name
CAROLINA BREWING GROUP, INC.

FILED
00 SEP 29 AM 8:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
266 WEST COLEMAN BLVD., SUITE 205 MT. PLEASANT SC 29464	266 WEST COLEMAN BLVD., SUITE 205 MT. PLEASANT SC 29464

REINSTATEMENT (DO NOT WRITE IN THIS SPACE) 80

2. Principal Place of Business	3. Mailing Address
2016 Euclid Ave	2016 Euclid Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Charlotte NC	City & State: Charlotte, NC
Zip: 28203 Country: USA	Zip: 28203 Country: USA

4. FEI Number 56-1900211 — 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
MEJIA, ANGEL J 2 WEST INDEPENDENT DRIVE, SUITE #176 JACKSONVILLE FL 32202	Name Street Address (P.O. Box Number is Not Acceptable) 600003419966--5 --10/10/00--01011--001 ****750.00 ****750.00 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 _____ 9/26/00
Signature, typed 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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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: P ☐ Delete NAME: RYAN, JOSEPH STREET ADDRESS: 266 WEST COLEMAN BLVD., SUITE 205 CITY-ST-ZIP: MT. PLEASANT SC 29464	TITLE: ☑ Change ☐ Addition NAME: STREET ADDRESS: 2016 Euclid Ave CITY-ST-ZIP: Charlotte, NC 28203
TITLE: V ☐ Delete NAME: ATKINS, HENRY STREET ADDRESS: 266 WEST COLEMAN BLVD., SUITE 205 CITY-ST-ZIP: MT. PLEASANT SC 29464	TITLE: ☑ Change ☐ Addition NAME: STREET ADDRESS: 2016 Euclid Ave CITY-ST-ZIP: Charlotte, NC 28203
TITLE: S ☐ Delete NAME: SALAMONE, MICHAEL STREET ADDRESS: 266 WEST COLEMAN BLVD., SUITE 205 CITY-ST-ZIP: MT. PLEASANT SC 29464	TITLE: ☑ Change ☐ Addition NAME: STREET ADDRESS: 2016 Euclid Ave CITY-ST-ZIP: Charlotte, NC 28203
TITLE: T ☐ Delete NAME: JONES, J. KEITH STREET ADDRESS: 266 WEST COLEMAN BLVD., SUITE 205 CITY-ST-ZIP: MT. PLEASANT SC 29464	TITLE: ☑ Change ☐ Addition NAME: STREET ADDRESS: 2016 Euclid Ave CITY-ST-ZIP: Charlotte, NC 28203
TITLE: CD ☐ Delete NAME: NAHKUNST, MICHAEL STREET ADDRESS: 266 WEST COLEMAN BLVD., SUITE 205 CITY-ST-ZIP: MT. PLEASANT SC 29464	TITLE: ☑ Change ☐ Addition NAME: STREET ADDRESS: 2016 Euclid Ave CITY-ST-ZIP: Charlotte, NC 28203
TITLE: D ☐ Delete NAME: PALAMAND, S. RAO STREET ADDRESS: 266 WEST COLEMAN BLVD., SUITE 205 CITY-ST-ZIP: MT. PLEASANT SC 29464	TITLE: ☑ Change ☐ Addition NAME: STREET ADDRESS: 2016 Euclid Ave CITY-ST-ZIP: Charlotte, NC 28203 KE

C99000004680 (15/00)

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: SIGNATURE RECEIVED _____ 9/26/00 (704) 377-4605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #