

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90038 003 ***150.00

DOCUMENT # G 66982

1. Entity Name

Jock's Liquors, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1277 S. Jefferson

Suite, Apt. #, etc.

3. Mailing Address

1277 S. Jeff.

Suite, Apt. #, etc.

City & State

Monticello, FL

Zip

Country

32394

City & State

Monticello FL

Zip

Country

32394

4. FEL Number

59-340006

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Michael A Reichman

Street Address (P.O. Box Number is Not Acceptable)

380 N. Jefferson

City

Monticello

FL

Zip Code
32394

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

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD - Michael A Reichman
2219 Old Lloyd Rd.
Monticello FL 32394

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VSD - Von Kethner
2219 Old Lloyd Rd.
Monticello FL 32394

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael A Reichman

4/30/02 (850)-997-5100

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)