

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90071 038 \*\*\*150.00

**DOCUMENT # H39442**

1. Entity Name  
**TAMMY'S LIQUORS, INC.**

Principal Place of Business

**6501 SOUTH HWY 301  
RIVERVIEW FL 33569**

Mailing Address

**6501 SOUTH HWY 301  
RIVERVIEW FL 33569**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**PO Box 1147**

**SAN ANTONIO, FL**

**33576**

**PASCO**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2489577**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CASTELLANA, YOLANDA  
918 CIMMERON DR.  
TAMPA FL 33603**

7. Name and Address of New Registered Agent

Name

**KEN SNELL**

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

**11230 WIRT ROAD**

City

**SAN ANTONIO**

FL

Zip Code

**33576**

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 *Kenneth L. Snell*  
Signature, typed or printed name of registered agent and title if applicable.

**Kenneth L. Snell - President**

**2-25-02**

(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 \$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	PD	<input checked="" type="checkbox"/> Delete
NAME	YOLANDA, CASTELLANA	
STREET ADDRESS	918 CIMMERON DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenneth L. Snell	
STREET ADDRESS	11230 WIRT ROAD	
CITY-ST-ZIP	SAN ANTONIO, FL. 33576	
TITLE	V/S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linda Snell	
STREET ADDRESS	11230 WIRT ROAD	
CITY-ST-ZIP	SAN ANTONIO, FL. 33576	
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 names and addresses.

SIGNATURE: *Kenneth L. Snell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Kenneth L. Snell**

**2-25-02**

Date

**813-301-4603**

Daytime Phone #

CR2E034 (9/01)