

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90772 039 ***150.00

DOCUMENT # J24331

1. Entity Name

GREAT SPIRITS, INC.



Principal Place of Business

**824 SOUTH U.S. 1
VERO BEACH FL 32962
US**

Mailing Address

**P.O. BOX 644391
VERO BEACH FL 32964
US**

2. Principal Place of Business

3. Mailing Address

PO Box 650807

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Vero Beach

4. FEI Number **59-2723224**

Applied For

Not Applicable

Zip

Country

Zip

Country

32965 Palm River

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHAEFFER, JOHN
C/O GREAT SPIRITS, INC.
824 SOUTH U.S. 1
VERO BEACH FL 32962**

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]

John Schaeffer

4/10/03

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 **ST** ☐ Delete
NAME **SCHAEFFER, JOHN T.**
STREET ADDRESS **824 SOUTH U.S. 1**
CITY-ST-ZIP **VERO BEACH FL 32962**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PSD** ☐ Delete
NAME **SCHAEFFER, ELIZABETH**
STREET ADDRESS **824 SOUTH U.S. 1**
CITY-ST-ZIP **VERO BEACH FL 32962**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/03 772 567 9463

CR2E034 (10/02)