## FILED **2002 UNIFORM BUSINESS REPORT (UBR)** Sep 04, 2002 8:00 am Secretary of State DOCUMENT # J73130 1. Entity Name 09-04-2002 90091 015 \*\*\*550.00 FOUR SEASONS DISCOUNT LIQUORS, INC. Principal Place of Business Mailing Address % DAVID W. NEWBY % DAVID W. NEWBY DUIDOVOR 7800 W. HWY. 98A 7800 W. HWY, 98A PANAMA CITY BEACH FL 32407 PANAMA CITY BEACH FL 32407 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE: IN THIS SPACE. City & State City & State 4. FEi Number Applied For 59-2752740 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NEWBY, DAVID W. Street Address (P.O. Box Number is Not Acceptable) 7800 W. HWY. 98A PANAMA CITY BEACH FL 32407 City 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, 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NEWBY, DAVID W. NAME 7800 W. HWY, 98A STREET ADDRESS STREET ADDRESS PANAMA CITY BEACH FL CITY-ST-ZIP CITY-ST-ZIP D ☐ Delete TITLE TITI F ☐ Change ■ Addition NEWBY, CHARLOTTE NAME NAME STREET ADDRESS 7800 W HIGHWAY 98 STREET ADDRESS PANAMA CITY BEACH FL 32407 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME

3. 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.

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE** 

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

7-7-02

850254 850254 Daytime Phone # CR2E034 (4/02)