

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2001 8:00 am
Secretary of State

08-29-2001 90003 017 ***150.00

DOCUMENT # **K056078**

1. Entity Name

The Beverage Store, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Zip

Country

Zip

Country

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

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.

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)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee 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 **Frank Gray** ☒ Delete
NAME **2020 E Dearborn Dr** **(PRES)**
STREET ADDRESS
CITY-ST-ZIP **Hernando FL 34442**

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

TITLE **Linda Gray** ☐ Delete
NAME **2104 E Dearborn Dr** **(SECRETARY)**
STREET ADDRESS
CITY-ST-ZIP **Hernando FL 34442**

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

TITLE ☐ Delete
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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 other like empowered.

SIGNATURE: **Frank Gray**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-20-2001

Date

352 341-5072

Daytime Phone #

CR2E034 (5/01)

Attachment
#K85678
AUG 29 34

Sirs,

Just after the deadline
for my yearly corporate fees
for the State, I received a letter
saying we were past due, and
the late fee is \$400.⁰⁰ I honestly
don't think I received the original
statement. Please not for the last
12 to 13 yrs. for being incorporated.
I have never made a late payment.
I have also never made a late
payment for any licensing fees
to the State, in the last 18 yrs.

I ask you reconsider the
\$400.⁰⁰ late fee and I am sending
the \$150.⁰⁰ down at this time,
for corporate filing fees.

Frank Tray