

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L76179

1. Entity Name

ART'S LIQUORS, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90027 048 ***150.00

Principal Place of Business

Mailing Address

C/O OSCAR F. SEGER JR.
4231 MARINER BLVD.
SPRING HILL FL 34609

C/O OSCAR F SEGER JR
2260 COMMERCIAL WAY
SPRING HILL FL 34606-3810

2. Principal Place of Business

3. Mailing Address

C/O OSCAR F. SEGER JR
Suite, Apt. #, etc.
2260 COMMERCIAL WAY

Suite, Apt. #, etc.

City & State
SPRING HILL, FL.

City & State

Zip
34606

Country

Zip

Country

4. FEI Number 59-3017179

Applied For

Not Applicable

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

SEGER, OSCAR F. JR.
4231 MARINER BLVD. 2260 COMMERCIAL WAY
SPRING HILL FL 34609 34606

Name

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

2260 COMMERCIAL WAY

City

SPRING HILL

FL

Zip Code

34606

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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME SEGER, OSCAR F. JR.
STREET ADDRESS 1823 PAINTED BUNTING CIR
CITY-ST-ZIP PALM HARBOR FL

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

TITLE D ☐ Delete
NAME SEGER, JUDITH
STREET ADDRESS 1823 PAINTED BUNTING CIR
CITY-ST-ZIP PALM HARBOR FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/2000

Date

727-785-1802

Daytime Phone #

CR2E034 (9/99)