

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2003 8:00 am
Secretary of State

01-08-2003 90049 012 ***150.00

DOCUMENT # **L77633**1. Entity Name
CROSSINGS LIQUORS, INC.

Principal Place of Business

~~W. CATHY FERNEY~~ SARASOTA CROSSINGS SPIRITS, INC.
5503 FRUITVILLE RD #911 CROSSINGS LIQUORS
SARASOTA FL 34232 5503 FRUITVILLE ROAD
SARASOTA, FL 34232

Mailing Address

~~CATHY FERNEY~~
5503 FRUITVILLE RD #911
SARASOTA FL 34232

55003259

2. Principal Place of Business

Suite, Apt. #, ~~SARASOTA CROSSINGS SPIRITS, INC.~~
~~DIVA CROSSINGS LIQUORS~~
5503 FRUITVILLE ROAD
SARASOTA, FL 34232

3. Mailing Address

SARASOTA CROSSINGS SPIRITS, INC.
~~DIVA CROSSINGS LIQUORS~~
5503 FRUITVILLE ROAD
SARASOTA FL 34232

X CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

4. FEI Number **65-0197383 03-0452** Applied For ☒ Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~FERNEY CATHY~~
5503 FRUITVILLE RD
SPACE #911
SARASOTA FL 34232

There is no AGENT COMP
SARASOTA CROSSINGS SPIRITS, INC. 13 PM
DIVA CROSSINGS LIQUORS
5503 FRUITVILLE ROAD
SARASOTA, FL 34232
AGENT

7. Name and Address of New Registered Agent

Name ~~There is NO AGENT~~
Street Address (P.O. Box Number is Not Acceptable)
SARASOTA CROSSINGS SPIRITS, INC.
DIVA CROSSINGS LIQUORS
5503 FRUITVILLE ROAD
SARASOTA, FL 34232
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. *Sarasota Crossing Spirits, Inc.*SIGNATURE *Dennis Buivydas* *Dennis Buivydas* *Treas.* DATE *1/22/03*

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

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|---------------------------------|---------------------|-------------|---------------------------------|
| PS | FERNEY CATHY | 16540 HONORE AVENUE | SARASOTA FL | <input type="checkbox"/> |
| VT | ALBRITTON, MARY JANE | 4430 CACOS COURT | SARASOTA FL | <input type="checkbox"/> |
| VR | LISNO, JANET | 3956 BATEWOOD AVE. | SARASOTA FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-----------------------|----------------------|-------------------|-------------|-------------------------------------|-----------------------------------|
| ROMAS D. BUIVYDAS | 8395 SHADOW PINA WAY | SARASOTA FL 34233 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| DAIVA M. RKHARDSON | 3452 YONGE AV | SARASOTA FL 34235 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| DANIS BUIVYDAS TREAS. | 870 CEDARCREST CT. | SARASOTA FL 34232 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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: *Dennis Buivydas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)