

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M84324

1. Entity Name

A & D BEVERAGE STATION INC.

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90178 034 ***150.00

Principal Place of Business
C/O ANIBAL MERCADO
5839 SR 54
NEW PORT RICHEY FL 34652

Mailing Address
C/O ANIBAL MERCADO
5839 SR 54
NEW PORT RICHEY FL 34652

00034167



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0055845**
Applied For
Not Applicable

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

MERCADO, ANIBAL
5839 SR 54
NEW PORT RICHEY FL 34652

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 \$150.00
After MAY 1, 2001 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	<input type="checkbox"/> Delete
NAME	MERCADO, ANIBAL	
STREET ADDRESS	5839 SR 54	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MERCADO, DANA	
STREET ADDRESS	5839 SR 54	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/11/01 (727) 849-6441

CR2E034 (10/00)