


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90302 028 ****61.25

DOCUMENT # N95000002389 1. Entity Name HOME BREWERS UNDERGROUND, INC	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 205 GOVERNMENT AVE Suite, Apt. #, etc.	3. Mailing Address 7500 ROCK HILL RD. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State NICEVILLE, FL	City & State PONCE DE LEON	4. FEI Number 593318525	Applied For <input type="checkbox"/> Not Applicable
Zip 32578	Country USA	Zip 32455	Country USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name DONALD P. KELTER	
	Street Address (P.O. Box Number is Not Acceptable) 7500 ROCK HILL RD	
	City PONCE DE LEON	FL Zip Code 32455

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 Donald P. Kelter **DONALD P. KELTER** **REGISTERED AGENT** **TREASURER** **22 APR 03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR MIKE SHILLING 28 E. CASA LOMA DRIVE MARY ESTHER, FL 32569	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT/DIRECTOR BRIAN SANDERS 940 CENTRAL AVE. #11 FT. WALTON BEACH, FL 32547	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER/DIRECTOR DONALD P. KELTER 7500 ROCK HILL RD PONCE DE LEON, FL 32455	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MIKE NELSON 101 PAULA CT. MARY ESTHER, FL 32569	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald P. Kelter **DONALD P. KELTER** **22 APR 03** **850 836-5354**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)