2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000027876 04-23-2001 90065 001 ***361.25 BEVERAGE LAW CONSULTANTS, INC. Principal Place of Business Mailing Address 44416 1331 E. LAFAYETTE ST., STE. C 1331 E. LAFAYETTE ST., STE. C Tallahassee Fl 32301 TALLAHASSEE FL 32301 Principal Place of Business Mailing Address 201 Vineland 1201 vineland Kow Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE suite Suite Applied For 4. FEI Number City & State City & State Orland FLORIDA DY lando FLORIDA Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired LLSA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent <u>breer</u> TAHES A. GREER, JAMES A Street Address (P.O. Box Number is Not Acceptable) 1331 E. LAFAYETTE ST., STE. C TALLAHASSEE FL 32301 4a01 Vineland Suite 8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 411610 SIGNATURE ed agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) This corporation is eligible to satisfy its Intangible Tax filing equirement and elects to do so. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Atter MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. 10/00 TITLE Change ☐ Addition TITLE ☐ Delete JAMES A. Great NAME NAME GREER, JAMES A Rd STREET ADDRESS 4201 Vineland Suite I-3 STREET ADDRESS CR2E034 1331 E. LAFAYETTE ST., STE. C CITY-ST-ZIF CITY-ST-ZIP Orlando. <u> 32811</u> TALLAHASSEE FL 32301 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 Change Addition TITLE TITLE. ☐ Delete NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deleta TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP TITLE ☐ Change □ Addition ☐ Delete MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 frue 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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2

FILED May 17, 2001 8:00 am Secretary of State