

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90437 032 ***150.00

DOCUMENT # P00000030840

1. Entity Name
LIQUOR SOLUTIONS.COM, INC.

Principal Place of Business
**1506 FIRST STREET APT. 1
 NEPTUNE BEACH FL 32266**

Mailing Address
**1506 FIRST STREET APT. 1
 NEPTUNE BEACH FL 32266**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
711 3rd St
 Suite, Apt. #, etc.

3. Mailing Address
711 3rd St
 Suite, Apt. #, etc.

City & State
Jacksonville Bch, Fla

City & State
Jacksonville Bch Fla

4. FEI Number
59-3636577

Applied For
 Not Applicable

Zip Country
32250 Duval

Zip Country
32250 Duval

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

**JONES, EVAN L
 1506 FIRST STREET APT. 1
 NEPTUNE BEACH FL 32266**

Name **Evan L Jones**
 Street Address (P.O. Box Number is Not Acceptable)
711 3rd St
Ste 12
Jacksonville Bch FL Zip Code **32250**

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 *Evan L Jones*

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 NAME STREET ADDRESS CITY-ST-ZIP	PD CHANDLER, C.T. III 2134 BAY ROAD NEPTUNE BEACH FL 32266	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WESTBURY, HEYWARD C 14330 CORAL REEF DRIVE SOUTH JACKSONVILLE FL 32246	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JONES, EVAN L 1506 FIRST STREET APT. 1 NEPTUNE BEACH FL 32266	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHEFFER, ROBERT B JR 1505 BLUE HERON LN EAST JACKSONVILLE BEACH FL 32250	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Evan L Jones **Evan L Jones**

4-26-01
 Date

904-249-3988
 Daytime Phone #

CR2E034 (10/00)