

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91166 046 ***150.00

0113594 AV

DOCUMENT # P00000090146

1. Entity Name
BEVERAGE GROUP HOLDING, INC.

Principal Place of Business

1775 W. HIBISCUS BLVD #214
MELBOURNE FL 32901

Mailing Address

1775 W. HIBISCUS BLVD #214
MELBOURNE FL 32901

2. Principal Place of Business

7830 ELLIS RD

Suite, Apt. #, etc.

3. Mailing Address

7830 ELLIS RD

Suite, Apt. #, etc.

City & State

MELBOURNE, FL

City & State

MELBOURNE, FL

4. FEI Number

59-3674021

Applied For

Not Applicable

Zip

32904

Country

FLORIDA

Zip

32904

Country

FLORIDA

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

6. Name and Address of Current Registered Agent

KRAUSE, BETTE E

1775 W. HIBISCUS BLVD #214

MELBOURNE FL 32901

7830 ELLIS RD
MELBOURNE, FL
32904

7. Name and Address of New Registered Agent

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, 2002 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

TITLE **D** ☐ Delete
NAME **KRAUSE, KURT W**
STREET ADDRESS **205 BALLYSHANNON ST #501**
CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

TITLE **D** ☐ Delete
NAME **KRAUSE, BETTE E**
STREET ADDRESS **205 BALLYSHANNON ST #501**
CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

TITLE **D** ☐ Delete
NAME **OLSON, STEFANIE**
STREET ADDRESS **2810 SUMMER BROOK STREET**
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-2002

Date

321-726-0040

Daytime Phone #

CR2E034 (9/01)