

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 17, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000114314**1. Entity Name
LOTTA LIQUORS, INC.**Principal Place of Business**

571 GRAND CAYMAN CIR.

LAKELAND
33803

FL

Mailing Address

571 GRAND CAYMAN CIR.

LAKELAND
33803

FL

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number**59-3692850**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**DUFFY RAYMOND**
571 GRAND CAYMAN CIR.LAKELAND
33803

FL

7. Name and Address of New Registered Agent

Name

DUFFY RAYMOND TStreet Address (P.O. Box Number is Not Acceptable)
571 GRAND CAYMAN CIR.City
LAKELAND

FL

Zip Code
33803

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 **RAYMOND T DUFFY**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

08/17/2001

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**

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☐ Delete
NAME	DUFFY RAYMOND	
STREET ADDRESS	571 GRAND CAYMAN CIR.	
CITY-ST-ZIP	LAKELAND FL 33803	
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	S	☐ Change ☒ Addition
NAME	ADAMS LINDA E	
STREET ADDRESS	571 GRAND CAYMAN CIR	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	VPT	☐ Change ☒ Addition
NAME	VINCENT BRYAN G	
STREET ADDRESS	107 HAMPDEN RD	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	DP	☒ Change ☐ Addition
NAME	DUFFY RAYMOND T	
STREET ADDRESS	571 GRAND CAYMAN CIR.	
CITY-ST-ZIP	LAKELAND FL 33803	
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: Linda E Adams

S

08/17/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)