

**FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 FEB 26 AM 10:29

DOCUMENT # P01000026605

1. Entity Name

City Liquors of Lakeland Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5365 N. Sacrum Loop Rd

Suite, Apt. #, etc.

3. Mailing Address

3430 S. Suwannee Blvd,

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lakeland FL

Zip

33809

Country

USA

City & State

HOMOSASSA FL

Zip

34448

Country

USA

4. FEI Number

59-3702850

Applied For

Not Applicable

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

Mr. KIRANKUMAR A. PATEL

Street Address (P.O. Box Number is Not Acceptable)

3430 S. Suwannee Blvd,

City

HOMOSASSA

FL

Zip Code

34448

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

2/26/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MR KIRANKUMAR A. PATEL
3430 S. Suwannee Blvd,
HOMOSASSA, FL 34448-2320

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100005074001--7
-03/08/02--01075--030
****150.00 ****150.00

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #

863-853-9067
2/26/02 352-220-0802

CR2E034B (12/01)