

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

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90173 010 ***550.00

DOCUMENT # P01000041376

1. Entity Name

CLAY HILL'S DISCOUNT BEVERAGE, INC

R

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5134 COUNTY ROAD 218

Suite, Apt. #, etc.

3. Mailing Address

THE SAME

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIDDLEBURG, FLORIDA

City & State

4. FEI Number

59-3714922

Applied For

Not Applicable

Zip
32068

Country
CLAY

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **MIKE S. NOU**

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

10668 PLUM HOLLOW DRIVE

City **JACKSONVILLE**

Zip Code
32222

DO NOT WRITE IN THIS SPACE

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)

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
**MIKE S. NOU President
10668 Plum Hollow Dr.
Jacksonville, FL 32222**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**KIM LIM Vice President
2562 Blanding Blvd.
Middleburg, FL 32068**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**YUK LAY LIM Treasury
10668 Plum Hollow Dr.
Jacksonville, FL 32222**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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.

Mike S. Nou
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/23/02

Date

(904) 282-5579

Daytime Phone #