

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90036 049 \*\*\*150.00

**DOCUMENT # P01000041376**



1. Entity Name  
**CLAY HILL'S DISCOUNT BEVERAGES, INC.**

Principal Place of Business  
**5134 C.R. 218  
MIDDLEBURG FL 32068**

Mailing Address  
**5134 C.R. 218  
MIDDLEBURG FL 32068**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3724922** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**NOU, MIKE S  
10668 PLUM HOLLOW DR  
JACKSONVILLE FL 32222**

7. Name and Address of New Registered Agent  
Name **SOPHOAT LIM**  
Street Address (P.O. Box Number is Not Acceptable)  
**5134 C.R. 218**  
City **Middleburg** FL Zip Code **32068-3554**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | DP                    | <input checked="" type="checkbox"/> Delete |
| NAME           | NOU, MIKE S           |  |
| STREET ADDRESS | 10668 PLUM HOLLOW DR  |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32222 |  |
| TITLE          | DV                    | <input checked="" type="checkbox"/> Delete |
| NAME           | LIM, KIM              |  |
| STREET ADDRESS | 2562 BLANDING BLVD    |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32068 |  |
| TITLE          | DT                    | <input checked="" type="checkbox"/> Delete |
| NAME           | LIM, LAY Y            |  |
| STREET ADDRESS | 10668 PLUM HOLLOW DR  |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32222 |  |
| TITLE          |                       | <input type="checkbox"/> Delete            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Delete            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Delete            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                      |  |
|----------------|----------------------|--|
| TITLE          | DP                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | SOPHOAT LIM          |  |
| STREET ADDRESS | 3396 Chimney Dr      |  |
| CITY-ST-ZIP    | Middleburg, FL 32068 |  |
| TITLE          | VP                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | EILEEN LIM           |  |
| STREET ADDRESS | 3396 Chimney Dr      |  |
| CITY-ST-ZIP    | Middleburg, FL 32068 |  |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sophoat Lim **REQUIRED** 904-881-9911 1/28/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)