

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 11, 2003 8:00 am**  
**Secretary of State**

07-11-2003 90054 047 \*\*\*150.00

DOCUMENT # **P02000033908**

1. Entity Name  
**BARRY'S I LIQUORS, INC.**



Principal Place of Business  
**1075 LOWRY AVE  
LAKELAND FL 33801**

Mailing Address  
**1075 LOWRY AVE  
LAKELAND FL 33801**



2. Principal Place of Business  
**740 N. WABASH AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**1075 LOWRY AVE #6**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**LAKELAND, FL**  
Zip  
**33815-1188** Country  
**POLK**

City & State  
**LAKELAND, FL 33801**  
Zip  
**POLK** Country  
**POLK**

4. FEI Number  
**04-3630335** Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**MCINTIRE, BARRY  
1075 LOWRY AVE  
LAKELAND FL 33801**

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent Signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>P MCINTIRE, BARRY</b>	<b>1075 LOWRY AVE</b>	<b>LAKELAND FL 33801</b>	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: **BARRY MCINTIRE** **8 JULY 03** **863 665-0102**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

010327 AV

CR2E034 (4/03)