

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90326 047 ***150.00

DOCUMENT # *P02000095333*

1. Entity Name

Bottom's Up Beverage, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9419 Pinebark Court

Suite, Apt. #, etc.

3. Mailing Address
9419 Pinebark Court

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Fort Pierce, FL

City & State
Fort Pierce, FL

4. FEI Number
32-0029205

Applied For
Not Applicable

Zip
34951

Country
USA

Zip
34951

Country
USA

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
Jeffrey M. Kirsch, Esquire

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

42 Seminole Street

City
Stuart

FL

Zip Code
34951

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

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

(NOTE: Registered Agent signature required when reappointing)

April 30, 2003

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	President James M. Freitas 9419 Pinebark Court Fort Pierce, FL 34951	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Juliann Freitas 9419 Pinebark Court Fort Pierce, FL 34951	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.30.03 (772) 4168.1980

Date

Daytime Phone #

CR2E034B (12/02)