

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91378 006 ***150.00

DOCUMENT # P02000132365

1. Entity Name

"THINK PINK BEVERAGES OF FL. INC"



Principal Place of Business
403-MADISON AVE.
CAPE CANAVERAL FL 32920

Mailing Address
403-MADISON AVE.
CAPE CANAVERAL FL 32920



2. Principal Place of Business

1791 BLOUNT RD

Suite, Apt. #, etc.

803

City & State

POMPANO BEACH, FL

Zip

33069

Country

U.S.

3. Mailing Address

1791 BLOUNT RD

Suite, Apt. #, etc.

803

City & State

POMPANO BEACH, FL

Zip

33069

Country

U.S.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

30-013455

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MASCOW, JOHN S

403-MADISON AVE.

CAPE CANAVERAL FL 32920

7. Name and Address of New Registered Agent

Name

ROBERT T. REBILCOCK

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

403 MADISON AVE

City

CAPE CANAVERAL

FL

Zip Code

32920

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ Delete
NAME PRESIDENT
STREET ADDRESS ROBERT T. REBILCOCK
CITY-ST-ZIP 403 MADISON AVE
CAPE CANAVERAL, FL 32920

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 fee empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E034 (10/02)