

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 22, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P19611**1. Entity Name  
TODHUNTER IMPORTS, LTD., CO.Principal Place of Business  
222 LAKEVIEW AVENUE  
SUITE 1500  
WEST PALM BEACH FL 33401 USMailing Address  
222 LAKEVIEW AVENUE  
SUITE 1500  
WEST PALM BEACH FL 33401 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**13-3443616**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**PINCOURT JR KA  
222 LAKEVIEW AVE SUITE 1500WEST PALM BCH FL  
33401 US**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

**03/22/2001**

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE VCD ☐ Delete  
NAME MALTBY JAY S  
STREET ADDRESS 222 LAKEVIEW AVE  
CITY-ST-ZIP WEST PALM BCH FLTITLE VCD ☒ Change ☐ Addition  
NAME MALTBY JAY S  
STREET ADDRESS 222 LAKEVIEW AVE, SUITE 1500  
CITY-ST-ZIP WEST PALM BCH FL 33401TITLE CD ☐ Delete  
NAME PINCOURT JR KA  
STREET ADDRESS 222 LAKEVIEW AVE  
CITY-ST-ZIP WEST PALM BCH FLTITLE CD ☒ Change ☐ Addition  
NAME PINCOURT A KJR  
STREET ADDRESS 222 LAKEVIEW AVE, SUITE 1500  
CITY-ST-ZIP WEST PALM BCH FL 33401TITLE T ☐ Delete  
NAME EDWARDS TROY  
STREET ADDRESS 148 SANTA MONICA AVENUE  
CITY-ST-ZIP ROYAL PALM BEACH FLTITLE TS ☒ Change ☐ Addition  
NAME EDWARDS TROY  
STREET ADDRESS 148 SANTA MONICA AVENUE  
CITY-ST-ZIP ROYAL PALM BEACH FL 33411TITLE AS ☐ Delete  
NAME BAKER JUDITH A  
STREET ADDRESS 1307 CARR DR  
CITY-ST-ZIP AUBURNDAL FLTITLE AS ☒ Change ☐ Addition  
NAME BAKER JUDITH A  
STREET ADDRESS 1307 CARR DR  
CITY-ST-ZIP AUBURNDAL FL 33823TITLE VP ☐ Delete  
NAME KARR TERRY V  
STREET ADDRESS 295 SO. RAMONA ACE  
CITY-ST-ZIP LAKE ALFRED FLTITLE VP ☒ Change ☐ Addition  
NAME KARR TERRY V  
STREET ADDRESS 295 SO. RAMONA AVE  
CITY-ST-ZIP LAKE ALFRED FL 33850TITLE PD ☐ Delete  
NAME VALDES THOMAS A  
STREET ADDRESS 222 LAKEVIEW AVE, #1500  
CITY-ST-ZIP WEST PALM BEACH FLTITLE PD ☒ Change ☐ Addition  
NAME VALDES THOMAS A  
STREET ADDRESS 222 LAKEVIEW AVE, SUITE 1500  
CITY-ST-ZIP WEST PALM BEACH FL 33401

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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: TROY EDWARDS****T****03/22/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)