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

## P93000018750 **DOCUMENT #**



## **FILED** Jun 18, 2003 8:00 am Secretary of State 06-18-2003 90023 023 \*\*\*550.00

CHRISTIE	E'S BEVERAGE	S, INC.	,	<b>/</b>			00-18-2003	J0023 023 330	.00
Principal Place of Business 11 COUNTRY CLUB RD SHALIMAR FL 32579			Mailing Address 11 COUNTRY CLUB RD SHALIMAR FL 32579						
2. Principal Place of Business			3. Mailing Address				T	[]	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES		
City & State			City & State				4. FEI Number 51-6526077	' <del>}</del> -	Applied For Not Applicable
Zip	Country		Zìp	Zip Coun		5. Certificate of Status Desired		S8.75 At Fee Requir	
6. Name and Address of Current Registered Agent							7. Name and Address of New F	legistered Agent	
FOSSUM, BASIL D					Name	her	stive Autde	rheido.	
11 COUNTRY CLUB RD SHALIMAR FL 32579					Street Ad	j Cor	O. Box Number is Not Acceptable	CIUB RO	ad
SHALIMAN FE 323/9					City ,	<u>nas</u>	1 mar	FL Zip Co	de
	e named entity submit tions of registered ag		the purpose of changir	ng its registere	ed office or r	registere	32579 d agent, or both, in the State of Flo		, and accept
SIGNATURE	YA-	100cm				10	16b 2003		
Signature, vided of proced name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
FILE NOW!!! FEE IS \$150.00  9. Election Campaign Financing									00 May Be
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Trust Fund Contributio	n. 🗀 Adde	d to Fees
10.		OFFICERS AND D		11.			ADDITIONS/CHANGES TO OFF		
TITLE NAME	D   Fossum, Basil	ת י	Delete	TITLE NAMI			SIDERHEIDE, CA	Change	Addition
STREET ADDRESS	11 COUNTRY CL				ET ADDRESS	11 6	OUNTRY CIVE	Significant of the second	
CITY-ST-ZIP	SHALIMAR FL 32		ı		-ST-ZIP	Sh	aliman, FL	32579	
TITLE		·.	☐ Delete	TITLE		VIC	e president Som, BASILD	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	ت بیرس	-	.i		ET ADDRESS - ST-ZIP	110	aunta Club	food 32379	
TITLE NAME	* - A	·.	☐ Delete	TITLE		<u>~~</u>		Change	Addition
STREET ADDRESS CITY-ST-ZIP				STRE	ET ADDRESS				
TITLE			☐ Delete	TITLE				☐ Change	Addition
NAME				NAME	J				1
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS ST-ZIP		· 	_	
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NAME STREET ADDRESS				NAME STREE	ET ADDRESS				
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NAME CTREET ASSOCIACE	·			NAME					
STREET ADDRESS CITY-ST-ZIP	:				ET ADDRESS ST-ZIP				
	entify that the informa	ation supplied with the	his filing does not quali			d in Cont	tion 110 07/2Vi). Florida Statutos I	fusher on tifushes the t	information

The early very machine mormation supplied with this liting does not quality 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 Chanter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with the address, with all other like empowered.

SIGNATURE: