

Amended 2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000020074**

1. Entity Name

WILEY'S LIQUOR, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 10 AM 8:01

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2511 N Hwy 1792

Suite, Apt. #, etc.

3. Mailing Address
1111 Holly Hill Road

Suite, Apt. #, etc.

City & State
Haines City, Florida

Zip
33844

Country
USA

City & State
Davenport, Florida

Zip
33837

Country
USA

11/20/02--01032--010 **75.00

4. FEI Number
59-3179861

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name
Wiley U. Pridgen

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

1111 Holly Hill Road

City
Davenport

FL

Zip Code
33837

**DO NOT WRITE
IN THIS SPACE**

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 **Wiley U. Pridgen President**

12-5-02

(Signature, type or printed name of registered agent and title if applicable)

(Agent, Registered Agent signature or name and title if applicable)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐

January 1 - May 1 Fee is \$150.00

After May 1 - Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
P, VP, S, T
NAME
Wiley U. Pridgen
STREET ADDRESS
1111 Holly Hill Road
CITY-STATE-ZIP
Davenport, Florida 33837

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Wiley U. Pridgen President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-5-02

Date

Daytime Phone #

12/12/02