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

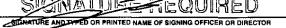
<b>- 711</b>	IIFUN	M DASIME	-33	NEPUN	i (UDN)						
DOCUMENT # P93000032982  1. Entity Name							FILED				
RIVER CITY BREWING COMPANY							03 NOV 19 AM 11:08				
Principal Place of Business 835 MUSEUM CIRCLE JACKSONVILLE FL 32202 US			835 N	ng Address AUSEUM CIRCLE				SECRE FALLAH,	TARY OF ASSEE, F	STATE LORIDA	
			Jacksonville FL 32202 US								
2. Principal Place of Business			3. Mailing Address				1 12011	991 (18 1910S 11111 GG111 GB			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				REINSTATEMENT				
City & State			City & State				3973 19043 1			plied For t Applicable	
Zip	p Country		Zip		Country		5. Certificat	e of Status Desired		\$8.75 Add	litional
		7. Name and Address of New Registered Agent									
CHIDI DE	NNIS E ESC	<u> </u>			Name	:		<u></u>		عند المحادث عند	
-	IDRICKS AV			Street Add	ress (P.	O. Box Numb	per is Not Acceptable	<del>)</del>		-	
JACKSONVILLE FL 32207							<del></del> _		<del></del>	<u> </u>	
					City				FL	Zip Code	e
8. The above	named entity	y submits this statement for	r the purp	oose of changing its r	egistered office or re	egistered	d agent, or be	oth, in the State of Flo		amiliar with,	and accept
the obligat	tions of regist	ered agent.									
SIGNATURE	Signature treed	or printed name of registered agent a	and title if one	NOTE:	Registered Agent signature	roquired ut	hon reinstation)		DATE		
			and title it app	SICADIO. (NOTE:	negistered Agent signature	required wi	nen reinstaurig)		DATE		
After Se	ptember 10	! FEE IS \$550.00 , 2003 Fee will be \$750 Florida Department of					I	lection Campaign Fir rust Fund Contributio	~		<b>0</b> May Be to Fees
10.		OFFICERS AND	DIRECTO	DRS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1537 NOT	O, ANTHONY FINGHAM KNOLL DR JULE FL 32225		☐ Delete	TITLE NAME STREET ADDRESS		11/19	0 <b>0024</b> 9	566 -026	☐ Change 5 7 **750.0	Addition
TITLE	P	TICLE I E GEEES			CITY-ST-ZIP					☐ Change	Addition
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name Street address City-St-Zip	<u> </u>				NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS			·····	☐ Delete	TITLE NAME STREET ADDRESS				-	Change	Addition

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 like empowered.

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP



908 276 2442 Daytime Phone #