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

Mailing Address

## P93000034428 **DOCUMENT #**

1. Entity Name

Principal Place of Business

JOHNSON BROTHERS LIQUOR COMPANY OF FLORIDA



FILED
Apr 22, 2003 8:00 am
Secretary of State
04.00.0002.00055.010.***1.50.00

US  2. Principal Place of Business   3. Mariling Address    Suite, Apt. #, etc.   Suite, Apt. #, etc.   City & State    City & State   City & State    2. Power   Country   Zip   Country   S. Certificate of Status Desired   S. 7. Additional Pre-Registered Agent    S. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent    S. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent    Street Address (PO. Box Number is Not Acceptable)    City   FL   Zip Code    S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable    City   FL   Zip Code    S. The Address of New Registered Agent   7. Name and Address of New Registered Agent    Street Address   PO. Box Number is Not Acceptable    City   FL   Zip Code    S. The Address of New Registered Agent   7. Name and Address of New Registered Agent    Street Address   PO. Box Number is Not Acceptable    City   FL   Zip Code    S. Designation of registered agent, or both, in the State of Florida. I am familiar with, and acceptable    Street Address   PO. Box Number is Not Acceptable    City   FL   Zip Code    S. Designation of registered agent, or both, in the State of Florida. I am familiar with, and acceptable    City   FL   Zip Code    S. Designation of registered agent, or both, in the State of Florida. I am familiar with, and acceptable    S. Designation of registered agent, or both, in the State of Florida. I am familiar with, and acceptable    S. Designation of registered agent, or both, in the State of Florida. I am familiar with, and acceptable    S. Designation of registered agent, or both, in the State of Florida. I am familiar with, and acceptable    S. Designation of registered agent, or both, in the State of Florida. I am familiar with, and acceptable    S. Designation of registered agent, or both, in the State of Florida. I am familiar with, and acceptable    S. Designation of reg	4520 S CHURC TAMPA FL 336		PO BOX 13489 TAMPA FL 33681		11006032		
Suitic. Apt. #, etc.   Suite, Apt. #, etc.   City & State   City & State   Country   Zip   Country   5. Certificate of Status Desired   S8.75 Additional Fee Required   S8.75 Additional Fee R							
City & State  Country  Country  Country  Country  Country  Country  Country  Country  Country  S. Certificate of Status Desired  SR.75 Additional Fee Required Fee Requ	2. Principal Place of Business		3. Mailing Address		T CORRESON THE CRICK SHALL BRAIL BOOK BOLLS BOLLS ARREST CLOCK BLOLD, A COLL TO LEVEL AND A COLL TO LEVEL BLOCK AND A COLL		
Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   S8.75 Additional Fee Required	Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
6. Name and Address of Current Registered Agent  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. I am familiar with, and accent the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  ITILE  JUHNSON, LYNN  SIRET ADDRESS  OITY-ST-ZP  SAINT PAUL MN 55116  TITLE  NAME  BELSAAS, SCOTT  1999 SHERPARD ROAD  SIRET ADDRESS  OITY-ST-ZP  JUHNSON, MICHAEL  1999 SHERPARD ROAD  SIRET ADDRESS  OITY-ST-ZP  AMIT PAUL MN 55116  OITY-ST-ZP  SAINT PAUL MN 55116	•		City & State		4. FEI Number 59-3188427 Applied For Not Applicable		
GARCIA, JIM JR 4520 S CHURCH AVE TAMPA FL 33611  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accentifications of registered agent.  Signature  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICEIS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ITILE  DOP  JOHNSON, LYNN  SIRET ADDRESS  CITY-ST-ZIP  SAINT PAUL MN 55116  SIRET ADDRESS  CITY-ST-ZIP  AMME  JOHNSON, MICHAEL  SIRET ADDRESS  SAINT PAUL MN 55116  TITLE  NAME  JOHNSON, MICHAEL  SIRET ADDRESS  SAINT PAUL MN 55116  TITLE  NAME  JOHNSON, MICHAEL  SIRET ADDRESS  SAINT PAUL MN 55116  TITLE  NAME  JOHNSON, MICHAEL  SIRET ADDRESS  SAINT PAUL MN 55116  TITLE  NAME  JOHNSON, MICHAEL  SIRET ADDRESS  SAINT PAUL MN 55116  TITLE  NAME  SIRET ADDRESS  SAINT PAUL MN 55116  TITLE  SAINT PAUL MN 55116  TITLE  NAME  SIRET ADDRESS  SAINT PAUL MN 55116  TITLE  SAINT PAUL MN 55116	Zip	Country	Zip	Country			
ACTIVE ST. 20 S CHURCH AVE TAMPA FL 33611  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL		6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	CARCIA MALIR			Name	•		
TAMPA FL 33611  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accent the obligations of registered agent.  SIGNATURE  Signature, hybrid or printed name of ingeneral agent agent that the it applicable (NOTE, Registered Agent signature required when remission)  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  JOHNSON, LYNN  STREET ADDRESS  STREET				Street Addres	ss (P.O. Box Number is Not Acceptable)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accertified obligations of registered agent.  SIGNATURE    Signature, typied or printed name of registered agent and blief applicable (NOTE Registered Agent signature required when refeating)  Atter May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.				-			
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12. I hereby certify that the information supplied with this filing does not qualifundicated on this report or supplemental report is true and accurate an of the corporation or the receiver or trustee empowered to execut tates in Section 119.07(3)(i), Florida Statutes. I further certify that the information wave the same legal effect as if made under oath; that I am an officer or director hapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIG CER OR DIRECTOR 4.17.03