

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90008 016 ***150.00

DOCUMENT # P95000025867

1. Entity Name

ALFIE'S DISCOUNT LIQUORS, INC.

Principal Place of Business

99 ROBERTA ROAD
ORMOND BEACH FL 32176

Mailing Address

955 HOLLY CIR
ORMOND BEACH FL 32176

2. Principal Place of Business

7380 S.R. 100

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

541e 22

City & State

Keystone Heights

City & State

Zip

Zip

32656

Country

CLAY

Country

4. FEI Number 59-3317339

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EVANS, GREG
99 ROBERTA ROAD
ORMOND BEACH FL 32176

7. Name and Address of New Registered Agent

Name EVANS, GREG
Street Address (P.O. Box Number is Not Acceptable)
955 Holly Cir
City ormond Beach FL Zip Code 32176

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)

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

TITLE D
NAME EVANS, GREGORY
STREET ADDRESS 99 ROBERTA ROAD
CITY-ST-ZIP ORMOND BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME EVANS, Gregory
STREET ADDRESS 955 Holly Cir
CITY-ST-ZIP ormond Beach, FL 32176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Greg Evans

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-01 904-441-7024

CR2E034 (10/00)