FILED
Jun 13, 2002 8:00 am
Secretary of State
06-13-2002 90385 037 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000059452

1. Entity Name
BREW SHACK

DO NOT WRITE IN THIS SPACE

118063

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2. Principal Place of Business	3. Mailing Address
402S W. WATERS AVE	1812 N. 15TH ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FLORIDA	City & State: TAMPA, FLORIDA
Zip: 33614 Country: Hillsborough	Zip: 33605 Country: Hillsborough

4. FEI Number: 59-3378227 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: VICTORIA P DOBLE

Street Address (P.O. Box Number is Not Acceptable): 16006 McGLAMERY RD

City: ODESSA FL Zip Code: 33556

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: Victoria P Doble VICTORIA P DOBLE 4-22-02
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) ☐

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	PRESIDENT
NAME	JOHN G DOBLE
STREET ADDRESS	9810 N. OJUS DR.
CITY-ST-ZIP	TAMPA FL 33617
TITLE	CEO
NAME	VICTORIA P DOBLE
STREET ADDRESS	16006 MCGLAMERY RD
CITY-ST-ZIP	ODESSA FL 33556
TITLE	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Victoria P Doble 4-22-02 8132471142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #