FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91326 024 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000059452

1. Entity Name

BREW SHACK INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4025 W WATERSAVE	4025 W WATERS
Suite, Apt. #, etc. 116-9-115	Suite, Apt. #, etc. 116-9-115
City & State TAMPA FL	City & State TAMPA FL
Zip 33614 County Hillsborough	Zip 33614 Country Hillsborough

DO NOT WRITE IN THIS SPACE

4. FEI Number 593378227 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO VICTORIA P DOBLE 16006 MCGLAMERY RD ODESSA FL 33556	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

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

SIGNATURE: Victoria P Doble 4/23/03 8132471422

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #