

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000088302**

1. Entity Name

**BREWMASTERS OF ST. PETERSBURG BEACH, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**401 Second Street**

3. Mailing Address

**PO BOX 459**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Indian Rocks Beach FL**

City & State

**Indian Rocks Beach, FL**

4. FEI Number

**59-3354449**

Applied For

Not Applicable

Zip

**33785**

Country

**USA**

Zip

**33785**

Country

**USA**

5. Certificate of Status Desired

☒

**\$8.75** Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

**Hamden H. Baskin, III, Esquire**

Street Address (P.O. Box Number is Not Acceptable)

**516 N. Ft. Harrison Ave**

City

**Clearwater**

FL

Zip Code

**33755**

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.

(NO IL: Registered Agent signature required when reinstating)

DATE

**HAMDEN H. BASKIN, III 7-15-02**

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 \$81.25**

**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**Director  
Delano E. Bellew  
2430 Estancia Blvd., # 104  
Clearwater, FL 33761**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**500006662505--9  
-07/25/02--01053--021  
\*\*\*\*\*550.00 \*\*\*\*\*550.00**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**President, Director  
G. David Howard  
401 Second St. East  
Indian Rocks Beach FL 33785**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**500006662505--9  
-07/25/02--01053--022  
\*\*\*\*\*8.75 \*\*\*\*\*8.75**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**Secretary/Treasurer  
Dana D. Howard  
401 Second St East  
Indian Rocks Beach, FL  
33785**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

*Handwritten signature*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**G. DAVID HOWARD, President**

DATE

Daytime Phone #

**July 17, 2002 727-595-2900**

CR2E034B (7/2/01)