

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90992 033 ***150.00

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

DOCUMENT # P96000049616

1. Entity Name
220 DISCOUNT BEVERAGE INC.



90118967

Principal Place of Business
**2590 COUNTY RD 220
DOCTORS INLET, FL 32030 US**

Mailing Address
**P O BOX 602
DOCTORS INLET, FL 32030 US**

2. Principal Place of Business

3. Mailing Address

849 Creighton Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orange Park, FL

Zip

Country

Zip

Country

32003



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-067602-8

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YOU ENG IV
2590 COUNTY RD 220
1416 KINGSLEY AVE
DOCTORS INLET, FL 32030**

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 accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when removing)

DATE



9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	IV, YOU ENG	
STREET ADDRESS	2590 COUNTY ROAD 220	
CITY-STATE-ZIP	MIDDLEBURG, FL 32068	
TITLE	D	<input type="checkbox"/> Delete
NAME	IV, SOPHY LIM	
STREET ADDRESS	2590 COUNTY ROAD 220	
CITY-STATE-ZIP	MIDDLEBURG, FL 32068	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]

4/16/03 (904) 272-8015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL REQUIRED

Date

Daytime Phone #

CFR2034 (10/02)