

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
 Suite, Apt. #, etc.

3. Mailing Address
849 Creighton Rd
 Suite, Apt. #, etc.

City & State
Orange Park, FL

Zip
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

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

7. Name and Address of New Registered Agent

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



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 NAME STREET ADDRESS CITY-ST-ZIP	D IV, YOU ENG 2590 COUNTY ROA D220 MIDDLEBURG, FL 32068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IV, SOPHY LIM 2590 COUNTY ROAD 220 MIDDLEBURG, FL 32068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: [Signature] DATE: 4/10/03 (904) 272-8015

CFR2E034 (10/02)