

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000037569

1. Entity Name

PRISTINE LIQUORS, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90105 038 ***150.00

Principal Place of Business

4584 COMMERCIAL WAY
SPRING HILL FL 34606

Mailing Address

4584 COMMERCIAL WAY
SPRING HILL FL 34606-1919

2. Principal Place of Business

14381 Spring Hill Dr
Suite, Apt. #, etc.

3. Mailing Address

4584 Commercial
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Spring Hill FL

City & State

Spring Hill FL

4. FEI Number

59-3441290

Applied For

Not Applicable

Zip

34609

Country

Hernando

Zip

34606

Country

Hernando

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALBERTELLI, JOSEPH C
4584 COMMERCIAL WAY
SPRING HILL FL 34606

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.

SIGNATURE

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)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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
D
ALBERTELLI, JOSEPH C
4584 COMMERCIAL WAY
SPRING HILL FL 34606

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BARTLETT, BARBARA
4584 COMMERCIAL WAY
SPRING HILL FL 34606

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Barbara Bartlett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

352 666 6666

Daytime Phone #

CR2E034 (9/99)