

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

FILED
May 30, 2002 8:00 am
Secretary of State

05-02-2002 90119 021 ***150.00

DOCUMENT # **P970000375609**

1. Entity Name

Pristine Liquors Inc

DO NOT WRITE IN THIS SPACE

33209

2. Principal Place of Business

13481 Spring Hill Dr.

3. Mailing Address

4487 Crescent Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Spring Hill, FL

City & State

Spring Hill FL

4. FEI Number

593441290

Applied For

Not Applicable

Zip

34609

Country

Hernando

Zip

34606

Country

Hernando

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Joseph Albertelli

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

4487 Crescent Rd

City

Spring Hill FL

FL

Zip Code

34606

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
Joseph Albertelli
4487 Crescent Rd
Spring Hill FL 34606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Barbara Baertlett
4487 Crescent Rd
Spring Hill FL 34606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Joseph C. Albertelli

JOSEPH C. ALBERTELLI

4/22/2002 813-431-2135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)