

DOCUMENT # P98000009954

1. Entity Name

BEVERAGE CONSULTANTS U.S.A., INC.

FILED  
Apr 02, 2001 8:00 am  
Secretary of State

04-02-2001 90080 047 \*\*\*150.00

Principal Place of Business  
P.O. Box 1139  
ASHLAND, KY 41105

Mailing Address

P.O. Box 1139  
ASHLAND, KY 41105

2. Principal Place of Business

P.O. Box 1139

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1139

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

ASHLAND, KY

City &amp; State

ASHLAND, KY

4. FEI Number

31-1588240

Applied For

Not Applicable

Zip

41105

Country

Zip

41105

Country

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

Name

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

City

FL

Zip Code

FRENCH, CAMDEN T  
1750 RINGLING BOULEVARD  
SARASOTA, FL 34236

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, 2001 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution.☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPRIGGS, WILLIAM G. 264 SARATOGA COURT OSPREY, FL 34229 <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 SPRIGGS, RALPH S. 264 SARATOGA COURT OSPREY, FL 34229 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 on the report, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/01

Date

Signature (Printed)