

2004
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90008 038 ***150.00

DOCUMENT #

1. Entity Name

P98000009954
BEVERAGE CONSULTANTS U.S.A., INC.

DO NOT WRITE IN THIS SPACE

54016163

2. Principal Place of Business

2747 GREENUP AVE.
Suite, Apt. #, etc.

3. Mailing Address

SAME
Suite, Apt. #, etc.

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City & State

ASHLAND, KY

City & State

4. FEI Number

31-1588240

Applied For

Not Applicable

Zip

41101

Country

U.S.

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

FRENCH, CAMPEN T.

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

1750 RINGLING BLVD.

City

SARASOTA

FL

Zip Code

34236

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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

N/A

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

D.P.

NAME

W. GUY SPRIGGS

STREET ADDRESS

2323 HILLCREST ROAD

CITY - ST - ZIP

ASHLAND, KY 41101

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

D.P.

NAME

R. SCOTT SPRIGGS

STREET ADDRESS

5506 SUN MER DRIVE

CITY - ST - ZIP

EL DORADO HILLS, CA 95762

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. GUY SPRIGGS

Date

Daytime Phone #