

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90010 039 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000010582			
1. Entity Name BEVERAGE LICENSE CONSULTANTS, INC.			
Principal Place of Business 9716-123RD WAY NORTH SEMINOLE FL 33772		Mailing Address 9716-123RD WAY NORTH SEMINOLE FL 33772	
2. Principal Place of Business 415 Belle Isle Avenue Suite, Apt. #, etc.		3. Mailing Address 415 Belle Isle Ave Suite, Apt. #, etc.	
City & State Belleair Bch, FL		City & State Belleair Bch, FL	
Zip 33786 Country USA		Zip 33786 Country USA	
4. FEI Number 59-3503630		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MINTON, JERRY L 9716-123RD WAY NORTH SEMINOLE FL 33772		7. Name and Address of New Registered Agent Name Minton, Jerry L. Street Address (P.O. Box Number is Not Acceptable) 415 Belle Isle Avenue City Belleair Bch FL Zip Code 33786	
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 DATE 1/3/01 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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 State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINTON, JERRY L 9716-123RD WAY NORTH SEMINOLE FL 33772 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address Change <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 415 Belle Isle Ave Belleair Bch, FL 33786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINTON, PATRICIA A 9716-123RD WAY NORTH SEMINOLE FL 33772 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address Change <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 415 Belle Isle Ave Belleair Bch, FL 33786
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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, without other like empowered.			
SIGNATURE:		Date 1/3/01 Daytime Phone # 727.517.0983	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CR2E034 (10/00)