2002 Uniform Business Report (UBR)

changed, or on an attachment with an address

Mar 14, 2002 8:00 am § DOCUMENT # P98000021046 **Secretary of State** 1. Entity Name 03-14-2002 90358 001 ***300.00 SCHENCK BEVERAGE, INC. Principal Place of Business Mailing Address 4161 JOHN YOUNG PARKWAY 4101 JOHN YOUNG PARKWAY ORLANDO FL 32904 ORLANDO FL 02004 Mailing Address BOX 2. Principal Place of Business 5 HA (685061 SHADAR Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For ity & State 4. FEI Number ANdo ANDO 59-0980798 Not Applicable Country \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BOYLES. WILLIAM A** Street Address (P.O. Box Number is Not Acceptable) 301 EAST PINE STREET **SUITE 1400** ORLANDO FL 32801 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change CR2E034 (9/01) ☐ Delete TITLE Addition TITLE PD NAME NAME SCHENCK, JEFFREY C 3861 SHADER Rd STREET ADDRESS STREET ADDRESS 4161_JOHN_YOUNG-PARKWAY CITY-ST-ZIP CITY-ST-ZIP ORLANDO-FL-32804 Change ☐ Addition ☐ Delete TITLE TITLE VSTD 3861 SHADER Da NAME NAME SCHENCK, JAY G STREET ADDRESS STREET ADDRESS 5440 SCHENCK AVENUE Julando Fi 32808 CITY-ST-ZIP CITY-ST-ZIP ROCKLEDGE FL 32955 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITL F ☐ Detete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED