

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90153 037 ***158.75

DOCUMENT # P98000089019

Entity Name

TOTAL BEVERAGE SERVICE, INC.

B0023514



DO NOT WRITE IN THIS SPACE

Principal Place of Business CHAFFEE RD. NORTH JACKSONVILLE FL 32220	Mailing Address 651 CHAFFEE RD. NORTH JACKSONVILLE FL 32220-1769
---	--

Principal Place of Business 85 US Hwy 90 west Suite, Apt. #, etc.	3. Mailing Address PO Box 31 Suite, Apt. #, etc.
---	--

City & State BALDWIN FL.	City & State BALDWIN FL.
Zip 32234	Country DUVAL

4. FEI Number 59-3542517	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WRIGHT, DONNIE 651 CHAFFEE RD. NORTH JACKSONVILLE FL 32220

7. Name and Address of New Registered Agent Name DONNIE WRIGHT Street Address (P.O. Box Number is Not Acceptable) 85 us Hwy 90 west City BALDWIN FL Zip Code 32234

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) <input type="checkbox"/>

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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		
TITLE		<input checked="" type="checkbox"/> Delete
NAME	P TANNER, PHILLIP G	
STREET ADDRESS	651 CHAFFEE ROAD NORTH	
CITY-ST-ZIP	JACKSONVILLE FL 32220	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, DONNIE	
STREET ADDRESS	651 CHAFFEE ROAD NORTH	
CITY-ST-ZIP	JACKSONVILLE FL 32220	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	TANNER, PHILLIP G	
STREET ADDRESS	651 CHAFFEE ROAD NORTH	
CITY-ST-ZIP	JACKSONVILLE FL 32220	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, DONNIE	
STREET ADDRESS	651 CHAFFEE ROAD NORTH	
CITY-ST-ZIP	JACKSONVILLE FL 32220	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P DONNIE WRIGHT	
STREET ADDRESS	85 us Hwy 90 west	
CITY-ST-ZIP	BALDWIN FL 32234	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNIE WRIGHT	
STREET ADDRESS	85 U.S. HWY. 90 WEST	
CITY-ST-ZIP	BALDWIN FL. 32234	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNIE WRIGHT	
STREET ADDRESS	85 us Hwy 90 west	
CITY-ST-ZIP	BALDWIN FL 32234	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNIE WRIGHT	
STREET ADDRESS	85 U.S. HWY. 90 WEST	
CITY-ST-ZIP	BALDWIN, FL. 32234	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Donnie Wright</u>	2-14-2000	(904) 266-0082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

CR2E034 (9/99)