

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008664

1. Entity Name
INTERBEV SYSTEMS, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90012 043 ***150.00

Principal Place of Business
1255 BELLE AVE., #143
WINTER SPRINGS FL 32708

Mailing Address
1255 BELLE AVE., #143
WINTER SPRINGS FL 32708

644858



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. F-I Number 59-3553891		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Descon ☐		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WELLS, JOHN 1255 BELLE AVE., #143 WINTER SPRINGS FL 32708				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				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 _____
(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when re-instating). 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 State	10. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2001	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D WELLS, JOHN 1255 BELLE AVE., #143 WINTER SPRINGS FL 32708 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MCBRIDE, BRENT G 2120 LAS PALMAS CIR. ORLANDO FL 32822-7954 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D DYER, GUY T 4848 PIERCE ARROW DR. APOPKA FL 32712 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ 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, with a letter I am empowered.

SIGNATURE: John Wells John Wells 3/13/01 402-685-0990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)