

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90158 019 ***150.00

DOCUMENT # P99000011153

1. Entity Name
GLOBAL BEER CO.



Principal Place of Business
2200 WINTER SPRINGS BLVD
SUITE 104
OVIEDO FL 32765

Mailing Address
2200 WINTER SPRINGS BLVD
SUITE 104
OVIEDO FL 32765

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3559024**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROGER, DUSEN V
3218 OPEN MEADOW LOOP
CHULUOTA FL 32766

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **VAN DUSEN, ROGER**
STREET ADDRESS **3218 OPEN MEADOW LOOP**
CITY-ST-ZIP **OVIEDO FL 32766**

TITLE **PST** ☒ Change ☐ Addition
NAME **VAN DUSEN, ROGER**
STREET ADDRESS **3218 OPEN MEADOW LOOP**
CITY-ST-ZIP **OVIEDO FL 32766**

TITLE **VST** ☒ Delete
NAME **EVANS, LYNN M**
STREET ADDRESS **2535 HIBBARD TRAIL**
CITY-ST-ZIP **CHULUOTA FL 32766**

TITLE **V** ☒ Change ☐ Addition
NAME **STEPHANIE S. VANDUSEN**
STREET ADDRESS **3218 OPEN MEADOW LOOP**
CITY-ST-ZIP **OVIEDO, FL 32766**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ROGER VAN DUSEN PRES.

1-22-03

407-971-9334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)