2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2003 8:00 am
Secretary of State

08-11-2003 90285 038 ***500.00
09-03-2003 90022 014 ****50.00

90153863

[redacted]

DOCUMENT # P99000038181

1. Entity Name
FAMILY LIQUOR CATERERS, INC.

Principal Place of Business	Mailing Address
3701 W. GRACE ST.	3701 W. GRACE ST.
TAMPA FL 33607	TAMPA FL 33607

2. Principal Place of Business	3. Mailing Address
2322 W. CYPRESS ST	2322 W CYPRESS ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FL	City & State: TAMPA FL
Zip: 33609 Country: HILLS.	Zip: 33609 Country: HILLS.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3613328 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GUGGINO, CAROL J	Name: GUGGINO CAROL J.
~~3701 W. GRACE ST.~~	Street Address (P.O. Box Number is Not Acceptable): 2322 W. CYPRESS ST
TAMPA FL 33607	City: TAMPA FL Zip Code: 33609.

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: Carol J. Guggino — DATE: 7/25/03.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	PRESIDENT ☑ Change ☐ Addition
NAME	GUGGINO, CAROL J	NAME	GUGGINO CAROL J.
STREET ADDRESS	3911 SAN MIGUEL STREET	STREET ADDRESS	3911 SAN MIGUEL ST
CITY-ST-ZIP	TAMPA FL 33607	CITY-ST-ZIP	TAMPA FL 33607.
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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: SIGNATURE REQUIRED — Carol J. Guggino — 7/25/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #