

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000055603**

1. Entity Name

Y LIQUORS, INC.**FILED****Jan 26, 2001 8:00 am**
Secretary of State

01-26-2001 90089 007 ***150.00

Principal Place of Business

**4350 BRYAN ST
GREENWOOD FL 32443**

Mailing Address

**4350 BRYAN ST
GREENWOOD FL 32443**

2. Principal Place of Business

4350 BRYAN ST
Suite, Apt. #, etc.

3. Mailing Address

4350-BAYAN ST
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

GREENWOOD FL

City & State

GREENWOOD FL4. FEI Number **59-3583157**

Applied For

Not Applicable

Zip

32443

Country

JACKSON

Zip

32443

Country

JACKSON5. 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

**HENRY, JOYCE
4350 BRYAN ST
GREENWOOD FL 32443**

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.

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)**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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	HENRY, JOYCE	
STREET ADDRESS	4350 BRYAN ST	
CITY-ST-ZIP	GREENWOOD FL 32443	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HENRY, ROBERT	
STREET ADDRESS	4350 BRYAN ST	
CITY-ST-ZIP	GREENWOOD FL 32443	

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY MICHAEL	
STREET ADDRESS	4350 BRYAN ST	
CITY-ST-ZIP	GREENWOOD FL 32443	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

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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

Joyce M. Henry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-12-01 850-594-6600

Daytime Phone #

CR2E034 (10/00)