

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061089

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90016 023 ***158.75

1. Entity Name
JENSENS LIQUOR STORE, INC.

Principal Place of Business 3221 PARK STREET JACKSONVILLE FL 32205	Mailing Address 3221 PARK STREET JACKSONVILLE FL 32205-7926
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 117 1ST STREET	3. Mailing Address 117 1ST STREET
Suite, Apt. #, etc. C/O Pete's BAR	Suite, Apt. #, etc. C/O Pete's Bar
City & State NEPTUNE BEACH, FLORIDA	City & State NEPTUNE BEACH, FLORIDA
Zip 32266	Country Duval

4. FEI Number 59-3586066	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WHITTINGSLOW, STEVEN J 3221 PARK STREET JACKSONVILLE FL 32205	7. Name and Address of New Registered Agent Name Steven J. Whittingslow Street Address (P.O. Box Number is Not Acceptable) C/O Pete's Bar 117 1ST STREET City Neptune Beach FL Zip Code 32266
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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 *Steven J. Whittingslow* DATE 3/2/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete WHITTINGSLOW, STEVEN J 3221 PARK STREET JACKSONVILLE FL 32205	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Whittingslow, Steven J C/O Pete's BAR 117 1ST STREET NEPTUNE BEACH, FLORIDA 32266
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: *Steven J. Whittingslow* DATE 3/9/00 DAYTIME PHONE # 904-246-3543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)