FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attach

SIGNATURE:

Feb 13, 2002 8:00 am Secretary of State DOCUMENT # P99000061089 1. Entity Name JENSENS-LIQUOR-STORE: INC." 02-13-2002 90119 021 ***150.00 Principal Place of Business Mailing Address 117 1ST STREET 117 1ST STREET C/O PETES BAR C/O PETES BAR NEPTUNE BEACH FL 32266 NEPTUNE BEACH FL 32266 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3586066 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WHITTINGSLOW, STEVEN J Street Address (P.O. Box Number is Not Acceptable) C/O PETES BAR 117 1ST STREET NEPTUNE BEACH FL 32266 Zin 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE CR2E034 (9/01) ☐ Delete Change ☐ Addition NAME WHITTINGSLOW, STEVEN J NAME STREET ADDRESS 117 1ST STREET STREET ADDRESS CITY-ST-ZIP NEPTUNE BEACH FL 32266 CITY-ST-7IP TIT) F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST. 7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST:7IP ~ 3 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition 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 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if the proportion of the receiver of the re