2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State
03-04-2000 90020 031 ***150.00

DOCUMENT # P99000071007

1. Entity Name
PREMIER FOOD AND BEVERAGE, INC.

Principal Place of Business
4540 HIGHWAY 20 EAST
NICEVILLE FL 32578

Mailing Address
4540 HIGHWAY 20 EAST
NICEVILLE FL 32578-9755

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1524 Glenlake Cove
Suite, Apt. #, etc.

3. Mailing Address
1524 Glenlake Cove
Suite, Apt. #, etc.

City & State: Niceville, FL
Zip: 32578 Country: United States

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Zip: 32578 Country: United States

4. FEI Number: 59-3609584 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ZIVAN, JEROME A
4540 HIGHWAY 20 EAST
NICEVILLE FL 32578

7. Name and Address of New Registered Agent
Name: Peter W. Kueth
Street Address (P.O. Box Number is Not Acceptable): 1524 Glenlake Cove
City: Niceville FL Zip Code: 32578

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: Peter Kueth 29 FEB 2000
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, 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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
D P,S,T KUETH, PETER W 1524 GLENLAKE COVE NICEVILLE FL 32578	☐ Delete	
	☐ Delete	
	☐ Delete	
	☐ Delete	
	☐ Delete	
	☐ Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
	☐ Change	☐ Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition
	☐ Change	☐ 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: Peter Kueth 29 FEB 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #