FROM : AE UNDERBERG, ATTY FAX NO. : 727 8232347

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90290 036 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S86825

1. Entity Name: KRESCI Liquors, INC.
DBA DOGWATER Cafe

20038514

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 3611 W Hillsborough Ave
Suite, Apt. #, etc.: 200
City & State: Tampa FL
Zip: 33614 County: Hillsborough

3. Mailing Address: 2961 LANDMARK Way
Suite, Apt. #, etc.:
City & State: Palm Harbor, FL
Zip: 34684 County: Pinellas

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3100099 Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Tom Bryant

Street Address (P.O. Box Number is Not Acceptable):
4250 S. Florida Ave Suite 2

City: LAKELAND FL Zip Code: 33802

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when changing)

Filing Fee: If filed by May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended UBR is $61.25
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

TITLE	President
NAME	Lee W Kresci
STREET ADDRESS	2961 LANDMARK Way
CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CR2E034E (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/28/03 813-877-5241
Signature and typed or printed name of Officer or Director — Date — Daytime Phone #