2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F01000006063 DOCUMENT # 1. Entity Name

ELK RUN VINEYARDS, INC.



FILED Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90061 002 ***150.00

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Zip Country Zip Country	City & St	rate	City & State			HANGES
S. Conflicter of Status Desired \$8.75 Addisonal Fee Required Agent 7. Name and Address of New Registered Agent			Only a diate		4. FEI Number 54-1100538 Applied For	
MILER, WILARD H JR. Amen	Zip	Country	Zip	Country	5. Certificate of Status Desired \$8	3.75 Additional
MILLER, WILLARD H JR. 2199 OVERBROOK AVE., NORTH BELLEAR BLUFFS FL 33770-2031 City FL Zip Code City FL Xip Code City FL Zip Code City		6. Name and Address of Current Re	egistered Agent	<u>- </u>		•
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ELLEAR BLUFFS FL 33770-2031 City	I				ss (P.O. Box Number is Not Acceptable)	
6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signat					,	
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Amount		52511 5 12 5577 5 2557				
SIGNATURE Signature, visual or protected agent and title if applicable. NOTE Registanted Agent signature required when reinstalaring) DATE				'	FL	'
SIGNATURE Signature, visual or protected agent and title if application. NOTE: Registered Agent signature required when reinstating) Date	The above the obligation	re named entity submits this statement for the	ne purpose of changing i	its registered office or regis	stered agent, or both, in the State of Florida. I am fami	liar with, and accept
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITUE MAME SIREET ADDRESS OTTY-ST-2IP TITLE SY MILSON, CAROL L STREET ADDRESS OTTY-ST-2IP TITLE MAME MAKE MAKE MERET ADDRESS OTTY-ST-2IP TITLE MAKE MAKE MAKE MAKE MAKE MAKE MAKE MA	_	5				
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

4107752513