


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90184 050 ***150.00

DOCUMENT # P31962

1. Entity Name
FREY VINEYARDS, LTD. CORPORATION



Principal Place of Business
**14000 TOMKI ROAD
REDWOOD VALLEY CA 95470**

Mailing Address
**14000 TOMKI RD.
REDWOOD VALLEY CA 95470
US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **94-2672520**

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**APPLE-A-DAY BRUCE HEIMAN
1934 RAINFOREST TR
SARASOTA FL 34240**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip 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. 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 signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	P	<input type="checkbox"/> Delete
NAME	FREY, PAUL	
STREET ADDRESS	14000 TOMKI ROAD	
CITY-ST-ZIP	REDWOOD VALLEY CA	
TITLE	V	<input type="checkbox"/> Delete
NAME	FREY, JONATHAN	
STREET ADDRESS	14000 TOMKI ROAD	
CITY-ST-ZIP	REDWOOD VALLEY CA	
TITLE	T	<input type="checkbox"/> Delete
NAME	FREY, MATTHEW	
STREET ADDRESS	14000 TOMKI ROAD	
CITY-ST-ZIP	REDWOOD VALLEY CA	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FREY, KATRINA	
STREET ADDRESS	14000 TOMKI RD	
CITY-ST-ZIP	REDWOOD VALLEY CA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Jonathan Frey* **JONATHAN FREY** 2/21/03 707 485 5177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)