

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90384 029 ***158.75

DOCUMENT # F99000000967

1. Entity Name

THE WOOD CELLAR, LTD. (INC.)

Principal Place of Business

PO BOX 120879
 WEST MELBOURNE FL 32912-0879

Mailing Address

PO BOX 120879
 WEST MELBOURNE FL 32912-0879

020673



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **54-1685515**

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PERKINS, R. STEPHEN
1460 MALIBU CIRCLE NE #106
PALM BAY FL 32905-6411

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2340 Summer Brook Street

City

Melbourne

FL

Zip Code

32940

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

R. Stephen Perkins

Signature, type or printed name of registered agent and title if applicable.

R. Stephen Perkins, President

(NOTE: Registered Agent signature required when reinstating)

DATE

0229-01

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, 2001 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 **P** ☐ Delete
 NAME **PERKINS, R. STEPHEN**
 STREET ADDRESS **1460 MALIBU CIRCLE NE #106**
 CITY-ST-ZIP **PALM BAY FL 32905-6411**

TITLE **VST** ☐ Delete
 NAME **MAGRATH, KAREN C**
 STREET ADDRESS **1460 MALIBU CIRCLE NE #106**
 CITY-ST-ZIP **PALM BAY FL 32905-6411**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2340 Summer Brook Street**
 CITY-ST-ZIP **Melbourne, Florida 32940**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2340 Summer Brook Street**
 CITY-ST-ZIP **Melbourne, FL 32940**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 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 I am empowered.

SIGNATURE:

R. Stephen Perkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Stephen Perkins, President

Date

Daytime Phone #

321 756434

CR2E034 (10/00)