

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91425 021 ***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**

2. Principal Place of Business

2340 SUMMER BROOK STREET

3. Mailing Address

P.O. BOX 411897

Suite, Apt. #, etc.

SUITE A

Suite, Apt. #, etc.

City & State

MELBOURNE FL

City & State

MELBOURNE FL

4. FEI Number

54-1685515

Applied For

Not Applicable

Zip

32940

Country

USA

Zip

32941-1897

Country

USA

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERKINS, R. STEPHEN

2340 SUMMER BROOK STREET

MELBOURNE FL 32940

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.

SIGNATURE

R. Stephen Perkins

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	PERKINS, R. STEPHEN	
STREET ADDRESS	2340 SUMMER BROOK STREET	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	VST	<input type="checkbox"/> Delete
NAME	MAGRATH, KAREN C	
STREET ADDRESS	2340 SUMMER BROOK STREET	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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:

R. Stephen Perkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 13, 2002

Date

321-751-4235

Daytime Phone #

0121323
 AV

CR2E034 (9/01)