## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** DOCUMENT # F9900005543 Apr 21, 2000 8:00 am Secretary of State GHWINE.COM, INC. 04-21-2000 90026 024 \*\*\*150.00 Mailing Address Principal Place of Business 88101 OVERSEAS HIGHWAY 88101 OVERSEAS HIGHWAY ISLAMORADA FL 33036 ISLAMORADA FL 33036-3063 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0953727 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MATTSON, JAMES S ESQ. Street Address (P.O. Box Number is Not Acceptable) 88101 OVERSEAS HIGHWAY ISLAMORADA FL 33036 Zip Code FL 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE PCD NAME NAME MATTSON, JAMES S STREET ADDRESS STREET ADDRESS 88101 OVERSEAS HIGHWAY CITY-ST-ZIP CITY-ST-ZIP ISLAMORADA FL 33036 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME BROWN-GUTHRIE. CYNTHIA NAME STREET ADDRESS STREET ADDRESS 88101 OVERSEAS HIGHWAY CITY-ST-ZIP CITY-ST-ZIP ISLAMORADA FL 33036 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME GARANT, ROBERT R NAME STREET ADDRESS STREET ADDRESS 88101 OVERSEAS HIGHWAY CITY-ST-ZIP CITY-ST-ZIP ISLAMORADA FL 33036 Change ☐ Addition ☐ Delete TITLE TITLE NAME STOKY, ROBERT NAME STREET ADDRESS STREET ADDRESS 10300B OVERSEAS HIGHWAY CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 like empowered.