

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005543

1. Entity Name
GHWINE.COM, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90159 004 ***150.00

Principal Place of Business

Mailing Address

88101 OVERSEAS HIGHWAY
ISLAMORADA FL 33036

88101 OVERSEAS HIGHWAY
ISLAMORADA FL 33036

00051697

2. Principal Place of Business

5307 NOB HILL ROAD

3. Mailing Address

5307 NOB HILL ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE, FL

City & State

SUNRISE, FL

4. FEI Number 65-0953727

Applied For

Not Applicable

Zip

33351

Country U.S.

~~FLORIDA~~

Zip

33351

Country U.S.

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

MATTSON, JAMES S ESQ.
88101 OVERSEAS HIGHWAY
ISLAMORADA FL 33036

Name MATTSON, JAMES S. ESQ

Street Address (P.O. Box Number is Not Acceptable)
5307 NOB HILL ROAD

City SUNRISE FL Zip Code 33351

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 *James S. Mattson*
Signature, typed or printed name of registered agent and title if applicable.

JAMES S. MATTSON

2-26-01

(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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCD
NAME MATTSON, JAMES S ☐ Delete
STREET ADDRESS 88101 OVERSEAS HIGHWAY
CITY-ST-ZIP ISLAMORADA FL 33036

TITLE PCD ☒ Change ☐ Addition
NAME MATTSON, JAMES
STREET ADDRESS 5307 NOB HILL ROAD
CITY-ST-ZIP SUNRISE, FL 33351

TITLE V ☐ Delete
NAME BROWN-GUTHRIE, CYNTHIA
STREET ADDRESS 88101 OVERSEAS HIGHWAY
CITY-ST-ZIP ISLAMORADA FL 33036

TITLE CHIEF OPERATING OFFICER ☒ Change ☐ Addition
NAME BROWN-GUTHRIE, CYNTHIA
STREET ADDRESS 5307 NOB HILL ROAD
CITY-ST-ZIP SUNRISE, FL 33351

TITLE SD ☒ Delete
NAME GARANT, ROBERT R
STREET ADDRESS 88101 OVERSEAS HIGHWAY
CITY-ST-ZIP ISLAMORADA FL 33036

TITLE SECRETARY ☒ Change ☐ Addition
NAME STOKLEY, ROBERT
STREET ADDRESS 10300 B OVERSEAS HIGHWAY
CITY-ST-ZIP KEY LARGO, FL 33037

TITLE D ☐ Delete
NAME STOKY, ROBERT
STREET ADDRESS 10300B OVERSEAS HIGHWAY
CITY-ST-ZIP KEY LARGO FL 33037

TITLE DIRECTOR ☐ Change ☒ Addition
NAME BOE, GLEN
STREET ADDRESS 318 STELLUP KEY BLVD
CITY-ST-ZIP MARATHON, FL 33050

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DIRECTOR ☐ Change ☒ Addition
NAME OSBORNE, JEFFREY
STREET ADDRESS 2 THURMOND DRIVE
CITY-ST-ZIP KEY LARGO, FL 33037

TITLE ☐ Delete
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 like empowered.

SIGNATURE:

Cynthia Guthrie

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-26-01

954-578-9995

CR2E034 (10/00)