2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003
Secretary of State

DOCUMENT# N00000008535

Entity Name: KEY WEST VINEYARD, INC.

Current Principal Place of Business:

701 SPANISH MAIN DR #584
CUDJOE KEY, FL 33042

New Principal Place of Business:

701 SPANISH MAIN DR #117
CUDJOE KEY, FL 33042

Current Mailing Address:

701 SPANISH MAIN DR #584
CUDJOE KEY, FL 33042

New Mailing Address:

701 SPANISH MAIN DR #117
CUDJOE KEY, FL 33042

FEI Number: 52-2286755 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOLTMAN, WM G
701 SPANISH MAIN DR #584
CUDJOE KEY, FL 33042

Name and Address of New Registered Agent:

WOLTMAN, WM G
701 SPANISH MAIN DR #117
CUDJOE KEY, FL 33042

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: PATRICIA L. WOLTMAN 04/30/2003
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WOLTMAN, WM G
Address: 701 SPANISH MAIN DR #584
City-St-Zip: CUDJOE KEY, FL 33042

Title: D ( ) Delete
Name: WOLTMAN, PATRICIA L
Address: 701 SPANISH MAIN DR #584
City-St-Zip: CUDJOE KEY, FL 33042

Title: D ( ) Delete
Name: LAWES, STEVE
Address: 701 SPANISH MAIN DR #584
City-St-Zip: CUDJOE KEY, FL 33042

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: MCNEAL, JOHN
Address: 601 CHERRY TREE DRIVE
City-St-Zip: SEBRING, FL 33876 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA L. WOLTMAN D 04/30/2003
Electronic Signature of Signing Officer or Director Date