

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90965 008 \*\*\*158.75

DOCUMENT # P01000070430

1. Entity Name W.M.A.S. WINE & SPIRITS, INC.

**DO NOT WRITE IN THIS SPACE**

**10095793**

2. Principal Place of Business

2910 KERRYFOREST PARKWAY

Suite, Apt. #, etc.

A-9

3. Mailing Address

2910 KERRYFOREST PKWY.

Suite, Apt. #, etc.

A9

City & State

TALLAHASSEE, FL

City & State

Tallahassee FL

Zip

32309

Country

LEON

Zip

32309

Country

LEON

4. FEI Number

59-3745112

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

William F Martin

Street Address

3007-36 SHAMROCK DR. NORTH

City

Tallahassee

FL

Zip Code

32309

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]

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

April 29 2003

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	<u>PRESIDENT</u>
NAME	<u>William Martin</u>
STREET ADDRESS	<u>3007-36 SHAMROCK DR NORTH</u>
CITY-ST-ZIP	<u>Tallahassee, FL 32309</u>
TITLE	<u>SECRETARY</u>
NAME	<u>ANDREI V. SHIRIGEV</u>
STREET ADDRESS	<u>2039 N. MERIDIAN #174</u>
CITY-ST-ZIP	<u>Tallahassee FL 32303</u>
TITLE	<u>TREASURER</u>
NAME	<u>CLAYTON H. RUSSELL</u>
STREET ADDRESS	<u>9020 LANTERN LIGHT</u>
CITY-ST-ZIP	<u>Tallahassee FL 32312</u>
TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] PRESIDENT  
William Martin

(Signature and typed or printed name of signing officer or director)

APR 29 2003

Date

850 894 4544

Daytime Phone #

CR2E034B (12/01)