

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2003 8:00 am**  
**Secretary of State**

09-11-2003 90084 024 \*\*\*150.00

**DOCUMENT # P02000067777**

**1. Entity Name**  
**DRAGONFLY WINE DISTRIBUTIONS INC.**



**Principal Place of Business**  
**478 STATE RT 16**  
**478M**  
**ST. AUGUSTINE FL 32084**

**Mailing Address**  
**478 STATE RT 16**  
**478M**  
**ST. AUGUSTINE FL 32084**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FE Number**

02-0619672

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**PAGE, DANIEL C JR.**  
**8335 FREEDOM CROSSING TRAIL**  
**APT 2905**  
**JACKSONVILLE FL 32256**

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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution.

☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**CEO**  
**PAGE, DANIEL C JR.**  
**8335 FREEDOM CROSSING TRAIL**  
**JACKSONVILLE FL 32256**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

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☐ Change ☐ Addition

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-9-03

Date

Daytime Phone #

704-501-8697

CR2E034 (4/03)

Attachment  
90155976  
P02000067777

DRAGONFLY INC.

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476 M State Route 16  
Saint Augustine Fl 32256  
(904)-501-8697  
Dragonfly\_Dist@msn.com

September 9, 2003

To whom it may concern,

I was instructed over the phone to include a letter of explanation for my delinquent check for my Uniform Business Report.

The only explanation we could come up with for not receiving the report to fill out previously was maybe it had been lost in the mail, or was not sent due to our business being started in the middle of last year.

I hope this will fulfill our requirement and my apologies for not sending this in sooner. Now that I know this is due in May I will note it on my calendar for next year and make sure it is taken care of on time.

If there are any concerns I can be reached at the above number during the day till 3:30 pm.

Sincerely,

Daniel C Page Jr.  
CEO