

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000106757

FILED
Apr 22, 2003
Secretary of State

Entity Name: WINOSIKNOW, INC.

Current Principal Place of Business:

4157 STACEY ROAD
JACKSONVILLE, FL 32250

New Principal Place of Business:

14333-4 BEACH BOULEVARD
JACKSONVILLE, FL 32250

Current Mailing Address:

4157 STACEY ROAD
JACKSONVILLE, FL 32250

New Mailing Address:

FEI Number: 55-0798901 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WYATT, THOMAS S JR.
4157 STACEY ROAD
JACKSONVILLE, FL 32250 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WYATT, THOMAS S JR.
Address: 4157 STACEY ROAD
City-St-Zip: JACKSONVILLE, FL 32250

Title: VD () Delete
Name: ALLISON, CAROL
Address: 4157 STACEY ROAD
City-St-Zip: JACKSONVILLE, FL 32250

Title: SD () Delete
Name: WYATT, SUSAN A
Address: 4157 STACEY ROAD
City-St-Zip: JACKSONVILLE, FL 32250

Title: TD () Delete
Name: ALLISON, RICHARD H
Address: 4157 STACEY ROAD
City-St-Zip: JACKSONVILLE, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS WYATT

PD

04/22/2003

Electronic Signature of Signing Officer or Director

_____ Date