

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000027695

1. Entity Name

REDWINE DESIGN, INC.

Principal Place of Business

677 GEORGE KING BLVD.
PORT CANAVERAL FL 32920

Mailing Address

677 GEORGE KING BLVD.
PORT CANAVERAL FL 32920

2. Principal Place of Business

677 DAVE NISBET DR.

3. Mailing Address

677 DAVE NISBET DR.

Suite, Apt. #, etc.

Suite 119

Suite, Apt. #, etc.

Suite 119

City & State

Port Canaveral, FL

City & State

Port Canaveral, FL

Zip

32920

Country

Brevard

Zip

32920

Country

Brevard

6. Name and Address of Current Registered Agent

GK-RA CORP.
1428 BRICKELL AVE.
6TH FLOOR
MIAMI FL 33131

4. FEI Number

59-3500332

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(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

TITLE	PD	<input type="checkbox"/> Delete
NAME	REDWINE, DEREK	
STREET ADDRESS	200 INTERNATIONAL DR APT 408	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	VD	<input type="checkbox"/> Delete
NAME	REDWINE, CORY	
STREET ADDRESS	200 INTERNATIONAL DR APT 408	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	D	<input type="checkbox"/> Delete
NAME	COMFORT, DUKE	
STREET ADDRESS	1901 HOUNDSLAKES DR	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Derek Redwine	
STREET ADDRESS	665 Alaska Rd	
CITY-ST-ZIP	Merritt Island, FL 32953	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cory Redwine	
STREET ADDRESS	665 ALASKA RD	
CITY-ST-ZIP	Merritt Island, FL 32953	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Cory L Redwine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90056 032 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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