

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000068940

1. Entity Name

DNA WINES, INC.

Principal Place of Business

Mailing Address

8382 S TAMiami TRAIL
SARASOTA FL 34231
US

1236 5TH STREET
SARASOTA FL 34238-2934

2. Principal Place of Business

3. Mailing Address

8382 S. Tamiami Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Sarasota FL

Zip

Country

Zip

Country

34231

Sarasota

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEPHENSON, DANIEL P
1236 5TH STREET
SARASOTA FL 34236

Name
DANIEL P. STEPHENSON

Street Address (P.O. Box Number is Not Acceptable)
4340 ARROW AVE.

City
SARASOTA

FL Zip Code
34232

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	P STEPHENSON, DANIEL P 1236 5TH STREET SARASOTA FL 34236	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEPHENSON, ANITA H 1236 5TH STREET SARASOTA FL 34236	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEPHENSON, DANIEL P 4340 ARROW AVE. SARASOTA, FL 34232	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEPHENSON, ANITA H 4340 ARROW AVE SARASOTA, FL 34232	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add

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:

Daniel P. Stephenson DANIEL P. STEPHENSON 1/6/00 (941) 918-144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90054 043 ***150.00

A0004708



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0855344

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required