

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000019927**

1. Entity Name

WINES & SONS, INC.

Principal Place of Business

Mailing Address

**1396 REED CANAL RD.
DAYTONA BEACH FL 32119****3495 S. CLYDE MORRIS BLVD.
DAYTONA BEACH FL 32119-2313**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WINES, AARON
1396 REED CANAL RD.
DAYTONA BEACH FL 32119**

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, 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	PRESIDENT	<input type="checkbox"/> Delete
NAME	WINES, AARON	
STREET ADDRESS	1396 REED CANAL RD.	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	

TITLE	VP	<input type="checkbox"/> Delete
NAME	LONDON WINES	
STREET ADDRESS	1396 Reed Canal Rd	
CITY-ST-ZIP	Daytona Bch FL 32119	

TITLE	Sec	<input type="checkbox"/> Delete
NAME	Brandon Wines	
STREET ADDRESS	1396 Reed Canal Rd	
CITY-ST-ZIP	Daytona Bch FL 32119	

TITLE	TRES	<input type="checkbox"/> Delete
NAME	Frank Wines	
STREET ADDRESS	1396 Reed Canal Rd	
CITY-ST-ZIP	Daytona Bch FL 32119	

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		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AARON WINES 1-31-00 904 961-1301**FILED**
Apr 24, 2000 8:00 am
Secretary of State

02-08-2000 90139 028 ***150.00



DO NOT WRITE IN THIS SPACE