

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90043 032 \*\*\*150.00

**DOCUMENT # P99000079415**

1. Entity Name

**THE WINE FACTORY, INC.**

Principal Place of Business

Mailing Address

1275 38TH AVENUE NE  
 ST. PETERSBURG FL 33704

1275 38TH AVENUE NE  
 ST. PETERSBURG FL 33704

2. Principal Place of Business

3. Mailing Address

**4505 PARK Boulevard**

**547 Oleander Way S**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite Two**

City & State

City & State

**Pinellas Park, FL**

**St. Petersburg, FL**

Zip  
**33731**

Country

**USA**

Zip  
**33707**

Country

**USA**

4. FEI Number

**59-3584824**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEWMAN, KEITH  
 2244 FIRST AVENUE N  
 ST. PETERSBURG FL 33713**

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	D	MIKE, TRAINA	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		1275 38TH AVENUE NE	change of address →
CITY - ST - ZIP		ST. PETERSBURG FL	
TITLE	D	TRAINA, MARY	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		1275 38TH AVENUE NE	change of address →
CITY - ST - ZIP		ST. PETERSBURG FL	
TITLE	D	NEWMAN, KEITH	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		2244 FIRST AVENUE N	
CITY - ST - ZIP		ST. PETERSBURG FL	
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	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKE TRAINA	
STREET ADDRESS	547 Oleander Way S	
CITY - ST - ZIP	St. Petersburg, FL 33707	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY TRAINA	
STREET ADDRESS	547 Oleander Way S	
CITY - ST - ZIP	St. Petersburg, FL 33707	
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: **Mary E. Traina**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-15-01**

**727-546-9117**

Date

Daytime Phone #

CR2E034 (10/00)