

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90280 030 ***150.00

DOCUMENT # P99000085097

1. Entity Name
DELRAY WINE SELLER, INC.

Principal Place of Business

**4630 SUNRISE BOULEVARD
 DELRAY BEACH FL 33445**

Mailing Address

**4630 SUNRISE BOULEVARD
 DELRAY BEACH FL 33445-1234**

2. Principal Place of Business

166 NE 2nd Ave

Suite, Apt. #, etc.

3. Mailing Address

166 NE 2nd Ave

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Delray Bch Fla

City & State

DELRAY Bch, FLA

4. FEI Number

65 0953266

Applied For

Not Applicable

Zip

33444

Country

P.B.

Zip

33444

Country

P.B.

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

**KERN, KEITH D.
 50 S.E. 4TH AVENUE
 DELRAY BEACH FL 33483**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PTD	SCHISLER, SHIRLEY	4630 SUNRISE BOULEVARD	DELRAY BEACH FL 33445	<input type="checkbox"/>
VSD	SCHISLER, ERIC	4630 SUNRISE BOULEVARD	DELRAY BEACH FL 33445	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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: Shirley A. Schisler
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/2000 561 278 9114
 Date Daytime Phone #

CR2E034 (9/99)