

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90147 003 \*\*\*150.00

FORM 17

**DOCUMENT # P26152**

1. Entity Name  
**PACIFIC SOUTHERN WINE COMPANY**



Principal Place of Business  
**300 W WIEUCA RD NE  
SUITE 210. BLDG 1  
ATLANTA GA 30342  
US**

Mailing Address  
**300 W WIEUCA RD NE  
SUITE 210. BLDG 1  
ATLANTA GA 30342  
US**



2. Principal Place of Business Suite, Apt. #, etc.  
3. Mailing Address Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State Zip Country

4. FEI Number **58-1848928**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>LARKIN, ROBERT N., JR.</b>	
STREET ADDRESS	<b>1460 SE 14TH COURT</b>	
CITY-ST-ZIP	<b>DEERFIELD BCH. FL</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> Delete
NAME	<b>LARKIN, JOHN T.</b>	
STREET ADDRESS	<b>4870 WESTFALIA COURT NE</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30342</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BREMER, KATHY L</b>	
STREET ADDRESS	<b>4195 GLEN DEVON DRIVE</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30327</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>BREMER, HANK</b>	
STREET ADDRESS	<b>4195 GLEN DEVON DRIVE</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30327</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	<b>33441</b>	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** 1-10-03 404-250-5847

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)