

2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 22, 2001 8:00 am Secretary of State

02-22-2001 90122 043 ***150.00

DOCUMENT # 276597

1. Entity Name DAN WINTERS CORPORATION

Principal Place of Business

1319 MIRROR TERR NW WINTER HAVEN FL 33881

Mailing Address

1319 MIRROR TERRACE MW// WINTER HAVEN FL 33881 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1319 MIRROR TERRACE NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1050228

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

Input box

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WINTERS, DANIEL E 1319 MIRROR TERRACE N.W. WINTER HAVEN FL 33880

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Table with 4 columns: Title, Name, Street Address, City-ST-ZIP. Includes entry for WINTERS, DANIEL E and a section for additions/changes.

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...

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2-19-2001 Daytime Phone #: 863-294-6943

CR2E034 (10/00)