

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F80865

1. Entity Name

ELI WINESETT & SONS, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90079 008 ***150.00

Principal Place of Business 27655 JONES LOOP RD PUNTA GORDA FL 33962-2300 US	Mailing Address P.O. DRAWER 610 FT MYERS FL 33902-0610 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2193329	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WINESETT, RICHARD W
2248 FIRST STREET
FT MYERS FL 33901

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 _____ (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	V	<input type="checkbox"/> Delete
NAME	WINESETT, JAMES N	
STREET ADDRESS	27650 JONES LOOP RD.	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	DP	<input type="checkbox"/> Delete
NAME	WINESETT, RICHARD W	
STREET ADDRESS	1574 PASSAIC AVE	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE	DVST	<input type="checkbox"/> Delete
NAME	WINESETT, ROBERT A	
STREET ADDRESS	2652 CORTEZ BLVD	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE	V	<input type="checkbox"/> Delete
NAME	WINESETT, NATHAN S.	
STREET ADDRESS	1574 PASSAIC AVE	
CITY-ST-ZIP	FT. MYERS FL 33901	
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"/> 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		
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:

Richard W. Winesett
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Richard W. Winesett

(941) 334-7040

Date

Daytime Phone #

CR2E034 (9/99)