

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90380 016 \*\*\*150.00

0011965

**DOCUMENT # P00000111687**

1. Entity Name

**WINTER INSPECTION SERVICES, INC.**

Principal Place of Business

Mailing Address

**1300 SW 15TH ST  
 BOCA RATON FL 33486**

**1300 SW 15TH ST  
 BOCA RATON FL 33486**

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

**65-1065055**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WINTER, JEFFREY F  
 1300 SW 15TH ST  
 BOCA RATON FL 33486**

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 *J. F. Winter* **PRESIDENT/OWNER**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

APRIL 23, 2001

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

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>WINTER, JEFFREY F</b>
STREET ADDRESS	<b>1300 SW 15TH ST</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33486</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>WINTER, CYNTHIA A</b>
STREET ADDRESS	<b>1300 SW 15TH ST</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33486</b>
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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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: *J. F. Winter* **PRESIDENT/OWNER**

Signature typed or printed name of signing officer or director

APRIL 23, 2001 (SG) **416-1774**

Date

Daytime Phone #

CR2E034 (10/00)