

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H52082**
 1. Entity Name
WIN-MIL-NO CORP

Enclosed is check for \$150

Principal Place of Business: **4000 N TUTTLE AVE SARASOTA FL 34234 US**
 Mailing Address: **4000 N TUTTLE AVE SARASOTA FL 34234 US**



2. Principal Place of Business: Suite, Apt. #, etc. **4504 Pittenger Dr**
 City & State: **SARASOTA**
 Zip: **34234**

3. Mailing Address: Suite, Apt. #, etc.
 City & State: **FL 34234**
 Zip: **34234**

4. FEI Number: **59-2500069**

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
LOWE, JACK A
3710 VOORNE ST
SARASOTA FL 34234

7. Name and Address of New Registered Agent
 Name: **Marlene Patton**
 Street Address (P.O. Box Number is Not Acceptable): **4504 Pittenger St**
 City: **Sarasota FL 34234**
 State: **FL**
 Zip Code: **34234**
 Phone: **(941) 351-7199**

Effective 3/15/02

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: *Marlene S. Patton* DATE: **4-5-02**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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: P NAME: LOWE, JACK A STREET ADDRESS: 3710 VOORNE ST. CITY-ST-ZIP: SARASOTA FL 34234	<input checked="" type="checkbox"/> Delete	TITLE: P NAME: Marlene Patton STREET ADDRESS: 4504 Pittenger St CITY-ST-ZIP: Sarasota FL 34234	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: ROBINSON, RALPH STREET ADDRESS: 4230 AACHEN ST. CITY-ST-ZIP: SARASOTA FL 34234	<input type="checkbox"/> Delete	TITLE: T NAME: Jane T. Kelly STREET ADDRESS: 3928 Rhine St CITY-ST-ZIP: Sarasota FL 34234	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: SLATTERY, IRENE STREET ADDRESS: 3912 COPENHAGEN ST. CITY-ST-ZIP: SARASOTA FL 34234	<input checked="" type="checkbox"/> Delete	TITLE: S NAME: HARRINGTON, MILDRED STREET ADDRESS: 3609 RHINE ST. CITY-ST-ZIP: SARASOTA FL 34234	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: HARRINGTON, MILDRED STREET ADDRESS: 3609 RHINE ST. CITY-ST-ZIP: SARASOTA FL 34234	<input type="checkbox"/> Delete	TITLE: D NAME: FALCONER, THOMAS STREET ADDRESS: 3705 ADAM ST. CITY-ST-ZIP: SARASOTA FL 34234	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: FALCONER, THOMAS STREET ADDRESS: 3705 ADAM ST. CITY-ST-ZIP: SARASOTA FL 34234	<input type="checkbox"/> Delete	TITLE: D NAME: MONETTE, CHARLES STREET ADDRESS: 3726 VOORNE ST CITY-ST-ZIP: SARASOTA FL 34234	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: MONETTE, CHARLES STREET ADDRESS: 3726 VOORNE ST CITY-ST-ZIP: SARASOTA FL 34234	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jack A. Lowe* DATE: **2-25-02** DAYTIME PHONE #: **941-355-5454**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)