

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

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90151 020 ***150.00

DOCUMENT # H52082

1. Entity Name
WIN-MIL-NO CORP



Principal Place of Business
**4504 PILTENDER DR
SARASOTA FL 34234
US**

Mailing Address
**4504 PILTENDER DR
SARASOTA FL 34234
US**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

CHECK HERE IF MAKING CHANGES

Zip Country Zip Country

4. FEI Number **59-2500069** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PATTON, MARLENE
4504 PILTENDER ST
SARASOTA FL 34234

Piltenger st.

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 *Marlene Patton Pres of Win Mil No Corp 1/29/03* DATE

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

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	<i>Pres</i>	<input type="checkbox"/> Delete
NAME	PATTON, MARLENE	
STREET ADDRESS	4504 PILTENDER ST	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROBINSON, RALPH	
STREET ADDRESS	4230 AACHEN ST.	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	<i>Treas.</i>	<input type="checkbox"/> Delete
NAME	KELLY, JANE T	
STREET ADDRESS	3928 RHINE ST	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	<i>Sec</i>	<input type="checkbox"/> Delete
NAME	HARRINGTON, MILDRED	
STREET ADDRESS	3609 RHINE ST.	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	D	<input type="checkbox"/> Delete
NAME	FALCONER, THOMAS	
STREET ADDRESS	3705 ADAM ST.	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONETTE, CHARLES	
STREET ADDRESS	3726 VOORNE ST	
CITY-ST-ZIP	SARASOTA FL 34234	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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: *Marlene Patton* **SIGNATURE PREPARED** *1-29-03* **941-351-7199**

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

CR2E034 (10/02)