

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

192

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 AUG -2 PM 12:21

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DOCUMENT # 402867

1. Entity Name

WINNY Properties Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1684 NW 61 TERR.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-1408622

Applied For

Not Applicable

Zip

Country

Zip

Country

32605

FLA

32605

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

TRICKLE William L JR

Street Address (P.O. Box Number is Not Acceptable)

37 W PINE ST

City

ORlando

FL

Zip Code

32801

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE PD BYRON M WINNY JR
NAME
STREET ADDRESS 1684 NW 61 TERRACE
CITY-ST-ZIP GAITHERSBURG MD 20878

TITLE STD LINDA B WINNY
NAME
STREET ADDRESS 1684 NW 61 TERRACE
CITY-ST-ZIP GAITHERSBURG MD 20878

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Byron M Winn JR Pres.

8/2/02

352
3310170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

2932

To whom it may concern:

I did not receive ~~any~~ 1st

Renewal notice for

WINN Properties Inc.

Doc # 402867

By M Winn
Pres.