

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 402867

1. Entity Name

WINN Properties Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 11 AM 11:50

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1684 NW 61 TERR.

3. Mailing Address

1684 NW 61 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando FLA

City & State

Orlando FLA

4. FEI Number

59-1408622

Applied For

Not Applicable

Zip

32605

Country

ALA

Zip

32605

Country

ALA

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

William L. Trickle Jr

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

37 W Pine St

City

Orlando FL

FL

Zip Code

32801 US

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT in WINN III
(PD) 1684 NW 61 TERRACE
Orlando FLA 32605

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST D
Linda R Winn
1684 NW 61 TERRACE
Orlando FLA 32605

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

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

SIGNATURE:

Buenn m Winn III By Ron m Winn III
Pres-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/03

Date

352
3310170

Da, time Phone #

6/11/03
2012

To whom it may concern

I did not Receive the
2003 Corp Renewal
Form.

Please WAIVE the
Late Fee.

Byron M Winn ~~II~~
President
Winn Properties Inc