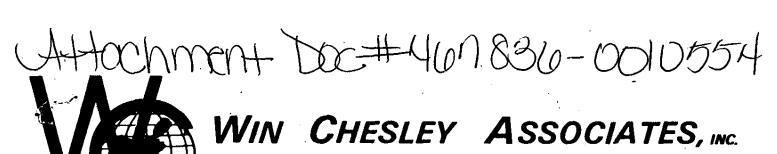
2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 29, 2001 8:00 am Secretary of State **DOCUMENT # 467836** 1. Entity Name WIN'CHESLEY ASSOCIATES, INC. 01-29-2001 90023 047 ***150.00 Principal Place of Business Mailing Address 1227 D N.W. 1227 D N.W. SUN TERRACE CIRCLE SUN TERRACE CIRCLE **P**fCatano PORT ST LUCIE FL 34986 PORT ST LUCIE FL 34986 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1575494 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHESLEY, WIN Street Address (P.O. Box Number is Not Acceptable) 1227-D NW SUN TERRACE CIRCLE PORT ST. LUCIE FL 34986 Zip Code FL 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition Change ☐ Delete TITLE TITLE WIN. CHESLEY NAME NAME 1227-D NW SUN TERRACE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE FL CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.



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WIN CHESLEY, C.H.S.E. Presider LORIDA DEPARTMENT OF STATE LINDA CURTIS Vice President

FAX (561) 878-5395

ENCLOSED IS MY CURRENT YEARS FILING FEE.

Lam getting ready to diband my corporation in 2002. Please advise me what steps I need to take to close-out.

Also, in 1974 I sent you a check for \$500.00. Do I get that back or not.

Please advise. Thank you.

War Chesle