## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 521365 1. Entity Name WINSONG DEVELOPMENT CORPORATION

## FILED Mar 03, 2003 8:00 am Secretary of State

1. Entity Name WINSONG DEVELOPMENT CORPORATION					03-03-2003 90971 025 ***150.00		
Principal Place of Business  4902 SANDCASTER CIR ST AUGUSTINE FL 32085 US  Mailing Address P O BOX 353096 PALM COAST FL 32135 US							DINI TIDU WA
4902 .	Place of Business SAND CASTLE CL	3. Mailing Address					
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES		
City & Sta	ite	City & State	<del></del>		4. FEI Number 59-1716319	<del></del>	pplied For ot Applicable
320,	1 / 4	Zip	Country	у	5. Certificate of Status Desired	S8.75 Ad Fee Require	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
				Name			
VESTEY, SYDNEY S.  1 FL. PK. DR. S.				Street Address (P.O. Box Number is Not Acceptable)			
STE. 107 PALM COAST FL 32137				4902	SAND CASTLE	CITCI	E
PALM COMO! FL 32137				City		Zip Coc	le
SIGNATURE F	e named entity submits this statement for tions of redistered agent.  The production of redistered agent of redistered agent of redistered agent of the redistered agent.	Sn. SYDN Joyne if applicable. (NOTE	UE X		57 ST	Z-26-03 DATE	00 May Be
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	PD VESTEY, SYDNEY S SC 4902 SAND CASTLE CIR ST AUGUSTINE FL 32085	□ Delete	TITLE NAME	ADDRESS - ZIP	5R	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VESTEY, SONYA 4902 SANDCASTLE CIR. ST AUGUSTINE FL 32085	☐ Delete	TITLE NAME STREET /	ADDRESS :	-	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VESTY, SYDNEY S JR P O BOX 115 EARLETON FL 32631		TITLE NAME STREET A CITY-ST			☐ Change	☐ Addition
TITLE NAME Street address City-St-Zip		☐ Delete	TITLE NAME STREET A CITY-ST	i		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with t	Delete	NAME STREET A CITY-ST-	ZIP	tion 110 07/(DVI) Florida Caba	Change	Addition

2. 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:

386-4315431

Date

CR2E034 (10/02)