

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2000 8:00 am**  
**Secretary of State**

02-25-2000 90005 005 \*\*\*150.00

**DOCUMENT # 841190**

1. Entity Name  
**FRANK W. WINNE & SON, INC.**

Principal Place of Business <b>1509 OAK FAIR BLVD.          SUITE 240          TAMPA FL 33610</b>	Mailing Address <b>4508 OAK FAIR BLVD.          SUITE 240          TAMPA FL 33610-7353</b>
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U B R 1 0 4 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address <b>44 N FRONT ST</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Phila PA</b>	
Zip	Country	Zip <b>19106</b>	Country <b>USA</b>

4. FEI Number <b>23-1226240</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BRANDENBURG, BOB  
 4508 OAK FAIR BLVD  
 SUITE 240  
 TAMPA FL 33610**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**2012 Chickwood St**

City **Tampa** FL Zip Code **33618**

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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>HUTTON, MARK</b>	
STREET ADDRESS	<b>44 W FRONT ST</b>	
CITY-ST-ZIP	<b>PHILADELPHIA PA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COATH, J.D. JR.</b>	
STREET ADDRESS	<b>44 N. FRONT ST.</b>	
CITY-ST-ZIP	<b>PHILADELPHIA PA</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>ADELIZZI, ROBERT P.</b>	
STREET ADDRESS	<b>44 N. FRONT ST.</b>	
CITY-ST-ZIP	<b>PHILADELPHIA PA</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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		

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.

SIGNATURE: *RP Adelizzi* *RP Adelizzi* 2/14/00 215627880  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)