

# 2002 UNIFORM BUSINESS REPORT (UBR)

0013098 AT

DOCUMENT # **A00000001539**

1. Entity Name

**JIM & ACEY WINGE ENTERPRISES, LTD.**

FILED

02 JAN 24 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEI # 57110816

Principal Place of Business

**90 MARTINIQUE AVENUE  
TAMPA FL 33606**

Mailing Address

**90 MARTINIQUE AVENUE  
TAMPA FL 33606**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WINGE, JAMES M  
90 MARTINIQUE AVENUE  
TAMPA FL 33606**

Name

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

City

FL

Zip Code

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.

DATE

9. Capital Contributions as Shown on record.

**\$10,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13.

ADDRESSES/CHANGES ONLY 055--001

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**WINGE, JAMES M  
90 MARTINIQUE AVENUE  
TAMPA FL 33606**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**WINGE, WILLIE GRACE B  
90 MARTINIQUE AVENUE  
TAMPA FL 33606**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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CITY-ST-ZIP

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*James M. Winge*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/8/02 251-8314  
Date Daytime Phone #

CR2E003 (9/01)