

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H97020

1. Entity Name
WINSLOW PEARCE ENGINEERS, INC.

Principal Place of Business
417 S. FLORIDA AVENUE
P.O. BOX 2414
LAKELAND FL 33801

Mailing Address
417 S. FLORIDA AVENUE
P.O. BOX 2414
LAKELAND FL 33801

2. Principal Place of Business
1023 SOUTH FLORIDA AVE.
Suite, Apt. #, etc.

3. Mailing Address
1023 SOUTH FLORIDA AVE.
Suite, Apt. #, etc.

City & State
LAKELAND, FLORIDA

City & State
LAKELAND, FLORIDA

Zip
33803

Country

Zip
33803

Country

4. FEI Number 59-2560131

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

WINSLOW, THOMAS N
957 S TENNESSEE AVE
LAKELAND FL 33803

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.

(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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME WINSLOW, THOMAS N
STREET ADDRESS 957 S TENNESSEE AVE
CITY-ST-ZIP LAKELAND FL 33803 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME PEARCE, DAVID
STREET ADDRESS 202 HIBRITEN WAY
CITY-ST-ZIP LAKELAND FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Thomas N. Winslow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas N. Winslow

2/20/01 863-682-1848
Date Daytime Phone #

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90053 031 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)