

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90009 005 \*\*\*150.00

0377268

**DOCUMENT # J52866**

1. Entity Name:  
**WINNING WITHIN INC.**

Principal Place of Business  
P. O. BOX 1203  
**INDIAN ROCKS BEACH FL 33785**  
**US**

Mailing Address  
P. O. BOX 1203  
**INDIAN ROCKS BEACH FL 33785-5323**  
**US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2760088**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33785-1203**

**Pinellas**

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

**CAMPBELL, SANDRA J.**  
**12985 ESTATES TER. N.**  
**SEMINOLE FL 33776**

Name

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

**2702-A Beach Trail**

City

**Indian Rocks Beach FL**

Zip Code

**33785-3149**

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.

**3149**

SIGNATURE

Signature, typed or printed name of registered agent, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**DP**  
**CAMPBELL, SANDRA J.**  
**12985 ESTATES TERRACE NO**  
**SEMINOLE FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

**2702-A Beach Trail**  
**Indian Rocks Beach FL 33785-3149**

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

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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: **Sandra J. Campbell** **Sandra J. Campbell** **4/20/01** **727-596-2673**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)