

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J74868**1. Entity Name
WINK STUCCO INC.**FILED**
Aug 01, 2002 8:00 am
Secretary of State

08-01-2002 90168 030 ***550.00

0128018 AT

Principal Place of Business
**10611 RAULERSON RANCH RD.
TAMPA FL 33637-5337**Mailing Address
**10611 RAULERSON RANCH RD.
TAMPA FL 33637-5337**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2821956**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**WINK, JAMES -
10611 RAULERSON RANCH ROAD
TAMPA FL 33637**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. 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	<input type="checkbox"/> Delete	
	D	WINK, JAMES M.	P.O. BOX 214	BALM FL 33503	<input type="checkbox"/>
	S	WINK, KIRSTI	R R BOX 214	BALM FL	<input type="checkbox"/>
	P	WINE, CLINT	13010 FOXWAY TRAIL	RIVERVIEW FL 33569	<input type="checkbox"/>
	T	WINK, MEGAN	13010 FOXWAY TRAIL	RIVERVIEW FL 33569	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/02

Date

813634-7549

Daytime Phone #

CR2E034 (4/02)