

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90027 043 \*\*\*150.00

046801 AV

**DOCUMENT # K83851**

1. Entity Name

**WINTONBURY ENTERPRISES, INC.**

Principal Place of Business

**538 FAIRWAY TERR  
 NAPLES FL 34103  
 US**

Mailing Address

**538 FAIRWAY TERR  
 NAPLES FL 34103  
 US**

2. Principal Place of Business

**2000 Willow Lauren Lane  
 Suite, Apt. #, etc.**

3. Mailing Address

**2000 Willow Lauren Lane  
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

**WINDERMERE FL**

City & State

**WINDERMERE FL**

4. FEI Number **65-0116351**

Applied For

Not Applicable

Zip Country

**34786**

Zip Country

**34786**

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

6. Name and Address of Current Registered Agent

**SMITH, WINN H  
 538 FAIRWAY TERR  
 NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name **Drew A. Smith**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2000 Willow Lauren Lane**  
 City **WINDERMERE** FL Zip Code **34786**

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]*

**Drew A. Smith**

**2/12/02**

(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, 2002 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

TITLE **DP** ☒ Delete  
 NAME **SMITH, WINN H.**  
 STREET ADDRESS **538 FAIRWAY TERR**  
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE **DS** ☒ Delete  
 NAME **SMITH, DREW**  
 STREET ADDRESS **2000 WILLOW LAUREN LN**  
 CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Change ☒ Addition  
 NAME **Drew A. Smith**  
 STREET ADDRESS **2000 Willow Lauren Lane**  
 CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE **DS** ☐ Change ☒ Addition  
 NAME **Marcella D. Smith**  
 STREET ADDRESS **2000 Willow Lauren Lane**  
 CITY-ST-ZIP **WINDERMERE FL 34786**

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

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

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

TITLE ☐ Change ☐ 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/12/02** **760 0372**  
 Date Daytime Phone #

CR2E034 (9/01)