2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # L00922 1. Entity Name W. K. WINKELMEYER, INC. 04-27-2001 90338 008 ***150.00 Principal Place of Business Mailing Address 4448 DENICE LANE 4448 DENICE LANE SARASOTA FL 34232 SARASOTA FL 34232 B0040043 2. Principal Place of Business 3. Mailing Address HERTTAGE WAY 13400 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0131456 Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WINKELMEYER, WALTER K. 4448 DENICE LANE SARASOTA FL 34229 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and clocts to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE NAME: WINKELMEYER, WALTER K. NAME 13400 HERITAGE WAY SMASOTA, FL. 34240 STREET ADDRESS 4448 DENICE LANE STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY ST-7IP TITLE ☐ Defete TITLE WINKELMEYER, MICHELE NAME NAM8 13400 HEARTACE WAY SANKSOTA, FL 34240 STREET ADDRESS STREET ADDRESS 4448 DENICE LANE CITY-ST-ZIP SARASOTA FL CITY-ST-7IP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY - ST - Z/P CITY-ST-7IP TIT: F ☐ Delete TITLE [T] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 7171.9 ☐ Dolete TITLE ___ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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.