

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90066 036 ***158.75

0531685

DOCUMENT # L93302

1. Entity Name

WINSLOW & ASSOCIATES, INC.

Principal Place of Business

~~6104 TOPHER TRAIL
MULBERRY FL 33860
US~~

Mailing Address

~~6104 TOPHER TRAIL
MULBERRY FL 33860
US~~

2. Principal Place of Business

4371 WINDING OAKS CIRCLE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MULBERRY, FL.

City & State

SAME

Zip

33860

Country

USA

Zip

SAME

Country

4. FEI Number

59-3022508

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~PARKS, JOHN PAUL
C/O WENDEL, CHARTON & PARKS CHARTERED
5300 SOUTH FLORIDA AVENUE
LAKELAND FL 33813~~

7. Name and Address of New Registered Agent

Name **BLAKE L. WINSLOW**

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

4371 WINDING OAKS CIRCLE

City

MULBERRY

FL

Zip Code

33860

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

Blake L. Winslow

4/23/01

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

TITLE **P** ☐ Delete
NAME **WINSLOW, BLAKE L**
STREET ADDRESS **6104 TOPHER TRAIL**
CITY-ST-ZIP **MULBERRY FL 33860**

TITLE **VP** ☐ Delete
NAME **BETTY C WINSLOW**
STREET ADDRESS **6104 TOPHER TRAIL**
CITY-ST-ZIP **MULBERRY FL 33860**

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 **P** ☒ Change ☐ Addition
NAME **WINSLOW, BLAKE L.**
STREET ADDRESS **4371 WINDING OAKS CIRCLE**
CITY-ST-ZIP **MULBERRY, FL. 33860**

TITLE **V.P.** ☒ Change ☐ Addition
NAME **WINSLOW, BETTY C.**
STREET ADDRESS **4371 WINDING OAKS CIRCLE**
CITY-ST-ZIP **MULBERRY, FL. 33860**

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:

Blake L. Winslow **BLAKE L. WINSLOW**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01 (863)581-2291

Date

Daytime Phone #

CR2E034 (10/00)