

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P00000031771

1. Entity Name
WINFIELD CONSTRUCTION, INC.



FILED
03 MAY 12 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
525 E. MICHIGAN ST. STE. 101
ORLANDO FL 32806

Mailing Address
PO BOX 2308
ORLANDO FL 32802



2. Principal Place of Business

3. Mailing Address

514 W. CENTRAL BLVD

*Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando, FLA

City & State

4. FEI Number 59-3634920

Applied For
Not Applicable

Zip 32801

Country ORANGE

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KINCHLA, MARK
1131 DELANEY AVENUE
ORLANDO FL 32806

Name MARK KINCHLA
Street Address (P.O. Box Number is Not Acceptable)
1310 S. OSCEOLA AVE
City Orlando FL Zip Code 32806

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 (For MARK KINCHLA)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
NAME KINCHLA, MARK
STREET ADDRESS 1131 DELANEY AVENUE
CITY-ST-ZIP ORLANDO FL 32806 ☐ Delete

TITLE MARK KINCHLA
NAME KINCHLA, MARK
STREET ADDRESS 1310 S. OSCEOLA AVE
CITY-ST-ZIP Orlando, FL 32806 ☒ Change ☐ Addition

TITLE V
NAME DIETZ, ROBERT
STREET ADDRESS 1131 DELANEY AVENUE
CITY-ST-ZIP ORLANDO FL 32806 ☐ Delete

TITLE 500019741905
NAME 05/22/03--01068--007
STREET ADDRESS **500.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 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

MARK KINCHLA

4/28/03

2074689165

CR2E034 (10/02)