

FILED

May 17, 2001 8:00 am
Secretary of State

04-25-2001 90373 039 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 900000034604

1. Entity Name

VAN WINKLE ENGINEERING

Principal Place of Business

Mailing Address

~~1014 MAIDEN TERRACE~~
SAME1014 MAIDEN TERRACE
CELEBRATION, FL 34747
U.S.A.

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

City & State

SAME

4. FEI Number

59-3637637

Applied For

Not Applicable

Zip

SAME

Country

SAME

Zip

SAME

Country

SAME

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TED VAN WINKLE (PRESIDENT)
1014 MAIDEN TERRACE
CELEBRATION, FL 34747

Name

N/A

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.

SIGNATURE

N/A

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

(NOTE: Registered Agent signature required when rechartering)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)☒10. 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	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	PRESIDENT TED VAN WINKLE	1014 MAIDEN TERRACE	CELEBRATION, FL 34747				

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:

Ted Van Winkle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/01

407-361-2190

Daytime Phone #

CR25004 (11/00)