

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000043117

1. Entity Name

WINNIE'S TELEPHONE ANSWERING SERVICE, INC

Principal Place of Business

Mailing Address

918 E 8TH ST.  
STUART FL 34994

918 E 8TH ST.  
STUART FL 34994

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

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

RAYSOR, WINIFRED

918 E 8TH ST.

STUART FL 34994

Name

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

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  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

PD  
RAYSOR, WINIFRED  
918 E 8TH ST.  
STUART FL 34994

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

06-21-2001 90001 016 \*\*\*\*150.00  
P00000043117

FILED

01 NOV -1 PM 4:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

2082  
Attachment Doc # P00000043117  
C0072035

June 15, 2001

To Whom it May Concern:

We were unable to make our payment for corp status on time due my wife's illness this past season and my attempts to run her business. We have been in the process of re-organizing our business and have finally found some reliable office help so my wife can attend to her medical needs. If there is any way you can forgive our oversight in paying this bill it would be greatly appreciated. If you have any questions you can reach me at 561-219-4195 during business hours.

Sincerely,

Kenneth Raysor