2/20/02-90095-028-$123.75-$123.75

0165078 AV

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000043545

Entity Name
WINDSOR HOLDINGS OF KEY WEST, INC.

FILED
02 MAR 20 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1009 WINDSOR LN. KEY WEST FL 33040	1009 WINDSOR LN. KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE
3-20-02

Principal Place of Business	3. Mailing Address
711 Duval Street	1109 Duval St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Key West, FL	City & State: Key West, FL
Zip: 33040 Country: USA	Zip: 33040 Country: USA

4. FEI Number 65-1006236 ☐ 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
BROWNING, MICHAEL L ESQ BROWNING, EDEN, SIRECI & KLITENICK, P.A. 402 APPLEROUTH LN. KEY WEST FL 33040	Name: Timothy Henshaw Street Address (P.O. Box Number is Not Acceptable): 1109 Duval Street City: Key West FL Zip Code: 33040

OR

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: T R Henshaw Timothy Henshaw 1/26/02
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, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RICKS, ROBERT S 1009 WINDSOR LN. KEY WEST FL 33040	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P Timothy R. Henshaw 1109 Duval St Key West, FL 33040 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PARKER, WILLIAM N 1009 WINDSOR LN. KEY WEST FL 33040	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/S William D. Stofko, Jr. 1109 Duval Street Key West, FL 33040 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GETSINGER, JAMIE 701 CAROLINE ST. KEY WEST FL 33040	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400004755894--1 -01/07/02--01058--018
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	*****35.00 ☐ Change ☒ Addition 502055905978--2 -02/20/02--90095--028
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	****123.75 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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 REQUIRED 1/26/02 305-294-3064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #