FILED Apr 03, 2003 8:00 am Secretary of State

04-03-2003 90201 024 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000062022 **DOCUMENT #** 1. Entity Name OLE WINCHESTER MOTORCARS & TRAILERS, INC.



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Principal Place of Business 14617 N.W. 19 CHIEFLAND FL 32626			Mailing Address 14617 N.W. 19 CHIEFLAND FL 32626					A TORNOON HAL ORINA RONN ORNIN RONN AON	I Bbil i b il	STA STATE WESTER		
2. Principal P	Place of Busines	ss	3. Mailing Address				-					
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				\dashv	☐ CHECK HERE IF M.	AKING (CHANGES		
City & Stat	e		City & State				4.	4. FEI Number 59-3655442 Applied For Not Applicable				
Zip	Country			Zip Count			5.	5. Certificate of Status Desired - 5. Sertificate - 5. Sertificate of Status Desired - 5. Sertificate - 5				
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent					
4.0							Name					
FUCHS, LAWRENCE M ESQ												
		-14		Street Addres			ss (P.O. E	(P.O. Box Number is Not Acceptable)				
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ROYAL PA	alm Beach i	FL:33411									i	
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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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
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FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Financia Trust Fund Contribution.	ng 🗆		May Be to Fees	
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10.	ODOT	OFFICERS AND	DIRECTO		11.		AL	DDITIONS/CHANGES TO OFFICER				
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NAME	WILSON, MA	ATTIMEW A			NAME							
STREET ADDRESS	1861 SW 19					TADDRESS						
CITY-ST-ZIP	TRENTON F	L 32693			CITY-	ST-ZIP						
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NAME	WILSON, M/	ATTHEW A			NAME						- 1	
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I nereby 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