

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90142 040 ***150.00

DOCUMENT # P000006896A

1. Entity Name

VAN WINKLE ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1136 RIVEREDGE DR.

Suite, Apt. #, etc.

3. Mailing Address

1136 RIVEREDGE DR.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TARPON SPRINGS, FL

City & State

TARPON SPRINGS, FL

4. FEI Number

59-3661776

Applied For

Not Applicable

Zip

34689

Country

USA

Zip

34689

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CHARLES H. VAN WINKLE

Street Address (P.O. Box Number is Not Acceptable)

1136 RIVEREDGE DR.

City TARPON SPRINGS

FL

Zip Code 34689

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

Charles H. Van Winkle

CHARLES H. VAN WINKLE

5 APR 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

PRESIDENT
CHARLES H. VAN WINKLE
1136 RIVEREDGE DR.
TARPON SPRINGS, FL 34689

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VICE PRESIDENT
SHARON D. VAN WINKLE
1136 RIVEREDGE DR.
TARPON SPRINGS, FL 34689

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles H. Van Winkle

CHARLES H. VAN WINKLE

5 APR 02

(727) 937-8493

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)