

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2003 8:00 am
Secretary of State

07-31-2003 90069 024 ***158.75

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DOCUMENT # P01000064568

1. Entity Name

WINSTON TRAILS REALTY, P.A.



Principal Place of Business

**6542 HYPOLUXO ROAD SUITE 118
LAKE WORTH FL 33467**

Mailing Address

**6542 HYPOLUXO ROAD SUITE 118
LAKE WORTH FL 33467**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **90-0017305**

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

JACKSON, STEVEN

6542 HYPOLUXO RD #118

LAKE WORTH FL 33467

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. 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

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

**JACKSON, STEVEN B
6542 HYPOLUXO ROAD SUITE 118
LAKE WORTH FL 33467**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

**JACKSON, JACQUELINE A
6542 HYPOLUXO ROAD SUITE 118
LAKE WORTH FL 33467**

☐ Delete

TITLE
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

80134877

#PO1000064568

7/27/03

Division of Corporations

Re: Uniform Business Report

Corporate Name: Winston Trails Realty, P.A. 90-0017305

Enclosed please find our filing fee for \$150.00

The UBR filing form indicating the need for payment of a late fee was the 1st notice of filing that was received.

Thank you for your consideration in this matter.

Sincerely,



**Steven Jackson
Director**