

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90055 048 ***150.00

DOCUMENT # P01000069299

1. Entity Name
DAVID WINKLES, INC.

Principal Place of Business

**9045 SEMINOLE BLVD
 SEMINOLE FL 35772**

Mailing Address

**9045 SEMINOLE BLVD
 SEMINOLE FL 35772**

2. Principal Place of Business

10276 117th Dr. N.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Largo FL

City & State

4. FEI Number

59-3741660

Applied For

Not Applicable

Zip

33773

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WINKLES, DAVID
 9045 SEMINOLE BLVD
 SEMINOLE FL 35772**

7. Name and Address of New Registered Agent

Name

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

10276 117th Dr. N.

City

Largo

FL

Zip Code

33773

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D. P. WINKLES, DAVID
9045 SEMINOLE BLVD
SEMINOLE FL 35772

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP, S
Barbara Winkles
10276 117th Dr. N.
Largo, FL 33773

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
10276 117th Dr. N.
Largo FL 33773

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ 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 #

CR2E034 (9/01)