

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-31-2003 90189 043 ***158.75

DOCUMENT # P02000003915

1. Entity Name

WINDSOR ADVERTISING, INC



Principal Place of Business

7154 N UNIVERSITY #94
TAMARAC FL 33321

Mailing Address

7154 N UNIVERSITY #94
TAMARAC FL 33321

2. Principal Place of Business

1489 W. PALMETTO PK RD

3. Mailing Address

1489 W. PALMETTO PK RD

Suite, Apt. #, etc.

450

Suite, Apt. #, etc.

450

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33486

Country

USA

Zip

33486

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEL Number

550809726

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, ROBERT

7154 N UNIVERSITY #94

TAMARAC FL 33321

7. Name and Address of New Registered Agent

ROBERT MITCHELL

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

1489 W. PALMETTO PK RD

450

Boca Raton FL

FL

Zip Code

33486

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

Robert Mitchell

3/25/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

TITLE PD
NAME MITCHELL, ROBERT
STREET ADDRESS 7154 N UNIVERSITY #94
CITY-ST-ZIP TAMARAC FL 33321

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES
NAME MITCHELL, ROBERT
STREET ADDRESS 1489 W. PALMETTO PK RD
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Robert Mitchell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/03

DATE

561 447 6900

Daytime Phone #

CR2E034 (10/02)