

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

5/16/

FILED
Jun 09, 2003 8:00 am
Secretary of State

05-16-2003 90175 049 ***150.00

DOCUMENT # P02000121251

1. Entity Name
WINROCK DEVELOPMENT, INC.



Principal Place of Business
**599 ATLANTIC BLVD. STE 6
ATLANTIC BEACH FL 32233**

Mailing Address
**599 ATLANTIC BLVD. STE 6
ATLANTIC BEACH FL 32233**

55047114

2. Principal Place of Business
same as above
Suite, Apt. #, etc.

3. Mailing Address
same as above
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number
04 372 6378

Applied For
☐ Not Applicable

Zip Country
USA

Zip Country
USA

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

**FOODY, ALAN M
599 ATLANTIC BLVD. STE 6
ATLANTIC BEACH FL 32233**

Name
same
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 **N/A**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
President/Secretary/Director
NAME
ALAN MICHAEL FOODY
STREET ADDRESS
599 Atlantic Blvd., Suite 6
CITY-ST-ZIP
Atlantic Beach, FL 32233

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
Vice Pres./Treasurer/Director
NAME
DENNIS M. LEE
STREET ADDRESS
599 Atlantic Blvd., Suite 6
CITY-ST-ZIP
Atlantic Beach, FL 32233

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

Alan Michael Foody
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALAN MICHAEL FOODY

3/6/2003 **249 7241**
Date Daytime Phone

CR2E034 (10/02)