

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90005 013 ***150.00

DOCUMENT # P93000014956

1. Entity Name

WINNING RIBBONS, INC.

Principal Place of Business

**2524 PINE COVE LANE
 CLEARWATER FL 33761
 US**

Mailing Address

**2524 PINE COVE LANE
 CLEARWATER FL 33761
 US**

2. Principal Place of Business

2451 Hickman Cir.
 Suite, Apt. #, etc.

3. Mailing Address

2451 Hickman Cir.
 Suite, Apt. #, etc.

City & State

Clearwater FL
 Zip **33761** Country **USA**

City & State

Clearwater FL
 Zip **33761** Country **USA**

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MELTON, MICHELLE
 2524 PINE COVE LANE
 CLEARWATER FL 34621**

7. Name and Address of New Registered Agent

Name

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

2451 Hickman Circle

Clearwater

FL

Zip Code

33761

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

Michelle J. Melton

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/02

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 **P** ☐ Delete
 NAME **MELTON, MICHELLE**
 STREET ADDRESS **2524 PINE COVE LANE**
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **VP** ☐ Delete
 NAME **EGGLESTON, ELAINE B**
 STREET ADDRESS **1668 EDEN CT**
 CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2451 Hickman Cir**
 CITY-ST-ZIP **Clearwater FL 33761**

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

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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:

Michelle J. Melton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/15/02 7277263607

Daytime Phone #

CR2E034 (9/01)