

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 14, 2001 08:00 AM
Secretary of State

DOCUMENT # P93000060433

1. Entity Name
WINDSOR INVESTMENT NETWORK, INC.

Principal Place of Business 8257 S US 1 PORT SAINT LUCIE 34952	FL	Mailing Address 8257 S US 1 PORT SAINT LUCIE 34952	FL
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2. Principal Place of Business 10302 SOUTH U. S. #1	3. Mailing Address 10302 SOUTH U. S. #1
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Suite, Apt. #, etc. PMB #293	Suite, Apt. #, etc. PMB #293
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City & State PORT SAINT LUCIE FL	City & State PORT SAINT LUCIE FL
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Zip 34952	Country US	Zip 34952	Country US
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4. FEI Number 65-0506435	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREENWALT ALVIN E
2949 SE FARLEY RD

PT. ST. LUCIE FL
34952 US

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.

SIGNATURE **ALVIN E. GREENWALT**

01/14/2001

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	GREENWALT MARGARET E.	
STREET ADDRESS	2949 SE FARLEY RD.	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	PVPD	<input type="checkbox"/> Delete
NAME	GREENWALT ALVIN E	
STREET ADDRESS	2949 SE FARLEY RD	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PDST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENWALT ALVIN E	
STREET ADDRESS	2949 SE FARLEY RD	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Alvin E. Greenwalt**

PDST 01/14/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)