

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 FL 34952 US	Mailing Address 8257 S US 1 PORT SAINT LUCIE FL 34952 US
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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

GREENWALT ALVIN E
2949 SE FARLEY RD

PT. ST. LUCIE FL
34952 US

7. Name and Address of New Registered Agent

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition PDST GREENWALT ALVIN E 2949 SE FARLEY RD PORT ST LUCIE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Alvin E. Greenwalt **PDST** **01/14/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/00)