

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90200 016 ***158.75

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DOCUMENT # P93000064025

1. Entity Name

WINNING WAYS INC.



Principal Place of Business

**598 CALIBRO CREST PKWY
APT 201
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**P O BOX 160835
ALTAMONTE SPRINGS FL 32716-0835**

2. Principal Place of Business

135 W. PALMVIEW ST

3. Mailing Address

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS FL

Zip

32714

Country

USA

Country

4. FEI Number

59-3237825

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

MESTEL, BARRY L

**598 CALIBRO CREST PKWY., #201
ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent

Name

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

591 CALIBRO CREST PKWY #202

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

BARRY L MESTEL / President

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

(NOTE: Registered Agent signature required when reinstating)

4/09/03

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 **P** ☐ Delete
NAME **MESTEL, BARRY L**
STREET ADDRESS **598 CALIBRO CREST PKWY., #201**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **591 CALIBRO CREST PKWY #202**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32716-0835**

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/09/03

Date

407/335-9053

Daytime Phone #

CR2E034 (10/02)