

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90101 041 \*\*\*150.00



**DOCUMENT # P94000008794**

1. Entity Name  
**THE WINDSOR MANAGEMENT GROUP, INC.**

Principal Place of Business  
**379 MEADOWS RD  
DURANGO CO 81301  
US**

Mailing Address  
**379 MEADOWS RD  
DURANGO CO 81301  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3222500**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**GREIG, MICHAEL  
2519 17C MULLEN BOOTH RD  
510-215  
CLEARWATER FL 33761**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME  Delete  
**PVS  
GREIG, MICHAEL**

STREET ADDRESS **2519 MCMULLEN BOOTH RD 510-215**

CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE NAME  Change  Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME  Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME  Change  Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME  Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME  Change  Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME  Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME  Change  Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME  Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME  Change  Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE 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: \_\_\_\_\_

*Michael Greig*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/3/03 970/247-0677**  
Daytime Phone #

CR2E034 (10/02)