

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000031698**

1. Entity Name

WINKLER REALTY GROUP, INC.**FILED****Apr 23, 2000 8:00 am**
Secretary of State

04-23-2000 90014 010 ***150.00

A9044516



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2887 TAMiami TRAIL #6 NAPLES FL 34112 US		Mailing Address 2887 TAMiami TRAIL #6 NAPLES FL 34102-6615 US	
2. Principal Place of Business 500 5th Avenue So. Suite, Apt. #, etc. Suite 528 City & State NAPLES, FLORIDA Zip 34102 Country USA		3. Mailing Address 500 5th Avenue So. Suite, Apt. #, etc. Suite 528 City & State NAPLES, FL. Zip 34102 Country USA	
4. FEI Number 65-0483660		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WROBLE, ROBERT F SUBURBAN ACCOUNTING TAX SERV 7340 PRORINCE WAY 33307 NAPLES FL 34104		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees <small>Trust Fund Contribution.</small>			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CZYSEN, KATHY 418 COUNTRYSIDE DRIVE NAPLES FL 34104 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Kathy Czynsen</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>4/14/00</i> Daytime Phone # <i>941-659-3470</i>	