

2001 UNIFORM BUSINESS REPORT (UBR)

2/5/

FILED
Mar 07, 2001 8:00 am
Secretary of State

02-05-2001 90073 040 ***150.00

DOCUMENT # P95000096943

1. Entity Name

MR WINKLER, INC.

Principal Place of Business

Mailing Address

**2014 SE 34TH LN
OKEECHOBEE FL 34974**

**2014 SE 34TH LN
OKEECHOBEE FL 34974**

2. Principal Place of Business

17501 NW 38th Street

Suite, Apt. #, etc.

3. Mailing Address

17501 NW 38th Street

Suite, Apt. #, etc.

City & State

Okeechobee, FL 34972

Zip

Country

City & State

Okeechobee, FL 34972

Zip

Country

4. FEI Number

65-0633024

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WINKLER, MELVIN L
2014 SE 34TH LANE
OKEECHOBEE FL 34974-2525**

7. Name and Address of New Registered Agent

**Ronald L. Winkler
Street Address (P.O. Box Number is Not Acceptable)
17501 NW 38th Street**

City
Okeechobee

FL

Zip Code
34972

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

Sandra J. Winkler

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

(NOTE: Registered Agent signature required when reinstating)

1-30-01

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 **PDV** ☐ Delete
NAME **WINKLER, RONALD L**
STREET ADDRESS **17501 NW 38TH AVE**
CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE **ST** ☐ Delete
NAME **WINKLER, SANDRA J**
STREET ADDRESS **17501 NW 38TH AVENUE**
CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Sandra J. Winkler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandra J. Winkler
Secy/tres.

Date

3-3-01

(863) 763-3376
Daytime Phone #

CR2E034 (10/00)