

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State
 01-21-2002 90050 043 ***150.00

0108972 AV

DOCUMENT # P96000090071

1. Entity Name
CHRISTINA S. WINSTON, INC.

Principal Place of Business

~~8217 BAYWEST COURT~~
~~ORLANDO FL 32815~~

Mailing Address

~~8217 BAYWEST COURT~~
~~ORLANDO FL 32815~~

same

6813 W. Colonial Drive, Orlando, FL 32818



2. Principal Place of Business

6813 W. Colonial Dr.

3. Mailing Address

6813 W. Colonial Dr.

Suite, Apt. #, etc.

Orlando

Suite, Apt. #, etc.

Orlando

City & State

FL

City & State

FL

4. FEI Number

59-3439962

Applied For

Not Applicable

Zip

FL 32818

Country

USA

Zip

32818

Country

USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WINSTON, ARTHUR

6813 WEST COLONIAL DR

ORLANDO FL 32818

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

Christina S. Winston

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, 2002 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 **D** ☒ Delete
 NAME **WINSTON, CHRISTINA S**
 STREET ADDRESS **11073 JUREANE DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32806**

TITLE ☐ Delete
 NAME **Winston, Christina S.**
 STREET ADDRESS **8217 Bay west Court**
 CITY-ST-ZIP **Orlando, FL 32835**

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 **Winston, Christina S.**
 STREET ADDRESS **8217 Bay west Court**
 CITY-ST-ZIP **Orlando FL 32835**

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:

Christina S. Winston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/7/02

Daytime Phone #

CR2E034 (9/01)

407-294-960