2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

WINMARC, INC.

Principal Place of Business

3455 CHENEY HIGHWAY

TITUSVILLE FL 32780



P97000025299 **DOCUMENT #** 1. Entity Name

> Mailing Address 410 INDIAN RIVER AVE CARE RON KOETLER TITUSVILLE FL 32796

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	· Suite, Apt. #, etc.

FILED Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90124 011 ***150.00

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☐ CHECK HERE IF MAKING CHANGES

City & State		City & State		<u></u>	4. FEI Number 59-3443764		Applied For
							Not Applicable
Zip	Country	Zip	Cour	itry	5. Certificate of Status Desire	iq 🗀	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
BLANCHETTE, MARC J			Name				
3455 CHENEY HIGHWAY TITUSVILLE FL 32780				Street Address (P.O. Box Number is Not Acceptable)			
THOO VILLE I	L 32760						
				City			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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSTV** TITLE ☐ Delete TITLE ☐ Change ☐ Addition BLANCHETTE, MARC J NAME NAME 3455 CHENEY HWY STREET ADDRESS STREET ADDRESS TITUSVILLE FL 32780 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME .- . :-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: Mail