

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000055227

1. Entity Name

WINDSOR FINANCIAL HOLDINGS CORP.

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90111 031 ***150.00

Principal Place of Business

211 S. MAIN ST.
STE. 102
WAULONDA IL 60084

Mailing Address

211 S. MAIN ST.
STE. 102
WAULONDA IL 60084

2. Principal Place of Business

553 FARMHILL CIRCLE

3. Mailing Address

553 FARMHILL CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WAULONDA, IL.

City & State

WAULONDA, IL.

4. FEI Number

65-0764140

Applied For

Not Applicable

Zip

60084

Country

LAKE

Zip

60084

Country

LAKE

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

EISEN & WILLITS

%THE LAW OFFICE OF EISEN & WILLITS
299 CAMINO GARDENS BLVD. STE. 204
BOCA RATON FL 33432

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PS	<input type="checkbox"/> Delete
NAME	TRINA, CHRISTOPH A	
STREET ADDRESS	553 FARMHILL CIR.	
CITY-ST-ZIP	WAULONDA IL 60084	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

CHRIS A TRINA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/07/01

(847) 526-5540
Daytime Phone #

CR2E034 (10/00)