

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000105803**

1. Entity Name

**WINKLE, INC.****FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90106 041 \*\*\*150.00

Principal Place of Business

Mailing Address

P.O. BOX 120911  
CLERMONT FL 34712-0911PO BOX 120911  
CLERMONT FL 34712-0911  
US

2. Principal Place of Business

3. Mailing Address

**1380 North Ridge Blvd.**  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**Clermont, FL**4. FEI Number **59-3482782**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34711****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

**WINKLE, CINDY L**  
**18033 ROSE STREET**  
**GROVELAND FL 34736**

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, 2000 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          | PTS                | <input type="checkbox"/> Delete |
| NAME           | WINKLE, CINDY      |                                 |
| STREET ADDRESS | 18033 ROSE ST      |                                 |
| CITY-ST-ZIP    | GROVELAND FL 34736 |                                 |
| TITLE          | V                  | <input type="checkbox"/> Delete |
| NAME           | WINKLE, RICHARD A  |                                 |
| STREET ADDRESS | 18033 ROSE ST      |                                 |
| CITY-ST-ZIP    | GROVELAND FL 34736 |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| 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: *Cindy L. Winkle*SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Cindy L. Winkle, President**

04/24/00

Date

(352) 242-9512

Daytime Phone #