

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108848

1. Entity Name
WYNCO SERVICES, INC.

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90011 039 ***150.00

Principal Place of Business

Mailing Address

~~801 PROMENADE CIRCLE~~
~~HEATHROW FL 32746~~

815 MAC ARTHUR BLVD.
STUART FL 34996

CU024014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

815 MAC ARTHUR BLVD
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

STUART, FL

4. FEI Number **59-3483501**

Applied For

Not Applicable

Zip

Country

Zip

Country

34996

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

VICINI, WYNNE
815 SE MAC ARTHUR BLVD.
~~HEATHROW FL 32746~~

Name

Street Address (P.O. Box Number is Not Acceptable)

City

STUART

FL

Zip Code

34996

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 ☐ Delete
NAME **D**
STREET ADDRESS **VICINI, WYNNE**
CITY-ST-ZIP **815 SE MAC ARTHUR BLVD**
STUART FL 34996

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wynne Vicini

Date

1/9/01

Daytime Phone #

561-692-9998

CR2E034 (10/00)