

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91196 029 ***150.00

DOCUMENT # **P980000150097** ✓

1. Entity Name
WINTER'S GARDEN INC.

DO NOT WRITE IN THIS SPACE

674972

2. Principal Place of Business
1397 SW VIZCAYA CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
1397 SW VIZCAYA CIRCLE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PAUM CITY, FL
Zip
34990
Country
MARTIN

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Zip
34990
Country
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4. FEI Number
65-0855419
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
DIANE M WINTER
Street Address (P.O. Box Number is Not Acceptable)
1397 SW VIZCAYA CIRCLE
City
PAUM CITY, FL Zip Code
34990

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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 DIRECTOR	NAME DIANE M WINTER	STREET ADDRESS 1397 SW VIZCAYA CIRCLE	CITY-ST-ZIP PAUM CITY, FL 34990
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address; with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/29/02 (772) 463-8234
Date Daytime Phone #

CR2E034B (12/01)