

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
 05-21-2002 91135 044 ***150.00

0490485
 AV

DOCUMENT # P98000040268

1. Entity Name
MILT WYNJA, INC.

Principal Place of Business
26363 STILLWATER CIRCLE
PUNTA GORDA FL 33955

Mailing Address
26363 STILLWATER CIRCLE
PUNTA GORDA FL 33955



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3701 BAYNARD DRIVE
 Suite, Apt. #, etc.

3. Mailing Address
3701 BAYNARD DRIVE
 Suite, Apt. #, etc.

City & State
PUNTA GORDA, FL.

City & State
PUNTA GORDA, FL.

Zip
33950

Country
CHARLOTTE

Zip
33950

Country
CHARLOTTE

4. FEI Number
65-0830485

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WYNJA, MILT
26363 STILLWATER CIRCLE
PUNTA GORDA FL 33955

7. Name and Address of New Registered Agent
Name
WYNJA, MILT
Street Address (P.O. Box Number is Not Acceptable)
3701 BAYNARD DRIVE
City
PUNTA GORDA **FL** **Zip Code**
33950

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 MILT WYNJA PRES. **4/28/02**
 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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WTNJA, MILTON 26363 STILLWATER CIR PUNTA GORDA FL 33955 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WYNJA, JOAN E 26363 STILLWATER CIR PUNTA GORDA FL 33955 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. WYNJA, MILTON 3701 BAYNARD DRIVE PUNTA GORDA, FL. 33950 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. WYNJA, JOAN E. 3701 BAYNARD DRIVE PUNTA GORDA, FL. 33950 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: MILT WYNJA PRES. **4/28/02 (941) 575-1259**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)