

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90009 023 ***150.00

0512054 AV

DOCUMENT # P98000058276

1. Entity Name
WINSOR CASTLE, INC.

Principal Place of Business

~~6406 WOOD OWL CIRCLE~~
~~UNIT 84B~~
BRADENTON FL 34210

Mailing Address

~~6406 WOOD OWL CIRCLE~~
~~UNIT 84B~~
BRADENTON FL 34210

2. Principal Place of Business

~~6470 Mourning Dove~~ Dr
Suite, Apt. #, etc.
#405

3. Mailing Address

6470 Mourning Dove Dr
Suite, Apt. #, etc.
#405



DO NOT WRITE IN THIS SPACE

City & State

Bradenton FL 34210

City & State

Bradenton FL

4. FEI Number

65-0849858

Applied For

Not Applicable

Zip
34210

Country
USA

Zip
34210

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WINSOR, TRAUTE
~~6406 WOOD OWL CIRCLE~~
~~UNIT 84B~~
BRADENTON FL 34210

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
6470 Mourning Dove Dr, #405

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, 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 ☐ Delete
NAME **PSTD**
STREET ADDRESS **WINSOR, TRAUTE**
CITY-ST-ZIP **6406 WOOD OWL CIRCLE UNIT 84B**
BRADENTON FL 34210

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6470 Mourning Dove Dr, #405**
CITY-ST-ZIP

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

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

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

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

TITLE ☐ Change ☐ 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:

Signature of Traute Winsor

TRAUTE WINSOR

4/03/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)