

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90256 023 \*\*\*150.00

**DOCUMENT # P98000075419**

**1. Entity Name**  
**THE WINS, INC.**

**Principal Place of Business**  
**5855 PLACIDA RD. STE.300**  
**ENGLEWOOD FL 34224**

**Mailing Address**  
**9414 HEARTWELLVILLE AVE**  
**ENGLEWOOD FL 34224**  
**US**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

**65-0864649**

Applied For

Not Applicable

Zip

Country

Zip

Country

**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**

**VANDEBURG, GLORIA G**  
**9414 HEARTWELLVILLE AVE**  
**ENGLEWOOD FL 34224**

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, 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Delete  
**NAME** **P BUDA, BARBARA**  
**STREET ADDRESS** **18 WINDWARD COURT**  
**CITY-ST-ZIP** **CAPE HAZE FL 33946**

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

**TITLE** ☐ Delete  
**NAME** **VP DELUCCA, CAROL**  
**STREET ADDRESS** **6 BUNKER ROAD**  
**CITY-ST-ZIP** **ROTONDA WEST FL 33947**

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

**TITLE** ☐ Delete  
**NAME** **T WHIPPO, PAT**  
**STREET ADDRESS** **11385 CLAQUETT**  
**CITY-ST-ZIP** **PORT CHARLOTTE FL 33981**

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **11385 CLAGGETT**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME** **S FLATT, LYNN**  
**STREET ADDRESS** **51 BAY HEIGHTS W**  
**CITY-ST-ZIP** **ENGLEWOOD FL 34223**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-10-02** **941-475-2008**  
 Date Daytime Phone #

CR2E034 (9/01)