

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90449 044 ***150.00

DOCUMENT # P98000085749

1. Entity Name
WINJUM, INC.



Principal Place of Business
**105 GARDNER DR.
SHALIMAR FL 32579**

Mailing Address
**105 GARDNER DR.
SHALIMAR FL 32579**

2. Principal Place of Business

201 Matties Way

Suite, Apt. #, etc.

3. Mailing Address

201 MATTIES WAY

Suite, Apt. #, etc.

City & State

DESTIN, FL

City & State

DESTIN, FL

Zip

32541

Country

USA

Zip

32541

Country

USA

4. FEI Number

59-3537112

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WINJUM, BRENT
105 GARDNER DR.
SHALIMAR FL 32579**

7. Name and Address of New Registered Agent

Name **BRENT WINJUM**

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

201 MATTIES WAY

City

DESTIN

FL

Zip Code

32541

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Brent Winjum

BRENT C. WINJUM, PRES.

2-25-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **WINJUM, BRENT C**
STREET ADDRESS **105 GARDNER DR**
CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE **V** ☐ Delete
NAME **WINJUM, ANNE T**
STREET ADDRESS **105 GARDNER DR**
CITY-ST-ZIP **SHALIMAR FL 32579**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **BRENT C. WINJUM** ☒ Change ☐ Addition
NAME **PRESIDENT**
STREET ADDRESS **201 MATTIES WAY**
CITY-ST-ZIP **DESTIN, FL 32541**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME **ANNE WINJUM**
STREET ADDRESS **201 MATTIES WAY**
CITY-ST-ZIP **DESTIN, FL 32541**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Anne T. Winjum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anne Winjum V.P. 2-25-03

Date

Daytime Phone #

CR2E034 (10/02)