

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90226 005 ***150.00

DOCUMENT # P98000095356

1. Entity Name
WINCHESTER, INC.



Principal Place of Business
**5738 MISSOURI AVENUE
NEW PORT RICHEY FL 34652**

Mailing Address
**5738 MISSOURI AVENUE
NEW PORT RICHEY FL 34652**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3541541**

Applied For

Not Applicable

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

**HANSON, DAVID J
8315 BLUEBONNET PLACE
NEW PORT RICHEY FL 34653**

Name

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

4720 Spring Side Dr.

City

New Port Richey

FL

Zip Code

34653

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

[Signature]

David J. Hanson

1/24/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **HANSON, THEO L**
STREET ADDRESS **8911 THOREAU PLACE**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE **DPT** ☒ Change ☐ Addition
NAME **David Hanson**
STREET ADDRESS **4720 Spring Side Dr.**
CITY-ST-ZIP **New Port Richey, FL 34653**

TITLE **DSTV** ☐ Delete
NAME **HANSON, DAVID J**
STREET ADDRESS **8315 BLUEBONNET PL**
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **D VPS** ☒ Change ☐ Addition
NAME **David Hanson**
STREET ADDRESS **4720 Spring Side Dr.**
CITY-ST-ZIP **New Port Richey, FL 34653**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

[Signature]
DAVID J. HANSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/03
Date

727-845-5020
Daytime Phone #

CR2E034 (10/02)