

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90271 004 ***150.00

DOCUMENT # P99000019529

1. Entity Name

WINDSOR CAPITAL MORTGAGE & INVESTMENT SERVICES, INC.

Principal Place of Business

**13014 N. DALE MABRY HWY., SUITE 154
TAMPA FL 33618**

Mailing Address

**13014 N. DALE MABRY HWY., SUITE 154
TAMPA FL 33618**

2. Principal Place of Business

PO Box 340470

3. Mailing Address

PO Box 340470

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-3559502

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LANGSTON, THOMAS M

13014 N. DALE MABRY HWY., SUITE 154

TAMPA FL 33618

7. Name and Address of New Registered Agent

Name **Thomas M Langston**

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

4012 Lady Palm Ct

City **Tampa**

FL

Zip Code **33624**

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 **D** ☐ Delete
NAME **LANGSTON, THOMAS M**
STREET ADDRESS **13014 N. DALE MABRY HWY., SUITE 154**
CITY-ST-ZIP **TAMPA FL 33618**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Thomas M Langston**
STREET ADDRESS **PO Box 340470**
CITY-ST-ZIP **Tampa FL 33624**

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)