

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2003 8:00 am
Secretary of State

08-07-2003 90117 006 ***550.00

0003014 AV

DOCUMENT # P99000050290

1. Entity Name
WINTER BROTHERS CONSTRUCTION, INC.



Principal Place of Business
**2939 IROQUOIS AVE
JACKSONVILLE FL 32210**

Mailing Address
**2939 IROQUOIS AVE
JACKSONVILLE FL 32210**



2. Principal Place of Business

5209 Timuquana Rd

Suite, Apt. #, etc.
Ste 13

City & State
Jacksonville, FL

Zip
32210

Country
USA

3. Mailing Address

5209 Timuquana Rd

Suite, Apt. #, etc.
Ste 13

City & State
Jacksonville, FL

Zip
32210

Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3579704**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WINTER, DAVID P
5611 PINE HILL LN
JACKSONVILLE FL 32244**

7. Name and Address of New Registered Agent

Name

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

5209 Timuquana Rd

Suite 13

City

JACKSONVILLE

FL

Zip Code

32210

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 **David P Winter**

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

(NOTE: Registered Agent signature required when reinstating)

8-6-03

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
WINTER, DAVID P
2939 IROQUOIS AVE
JACKSONVILLE FL 32210** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
WINTER, ALEXANDER J
2939 IROQUOIS AVE
JACKSONVILLE FL 32210** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
GURR, TIM L
2939 IROQUOIS AVE
JACKSONVILLE FL 32210** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
BAUMGARTNER, DAN
2939 IROQUOIS AVE
JACKSONVILLE FL 32210** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP/VP
WINTER, DAVID P
5209 TIMUQUANA RD Suite 13
JACKSONVILLE, FL 32210** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
Linda King
5209 Timuquana Rd Suite 13
JACKSONVILLE FL 32210** ☒ Change ☐ Addition

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

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

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

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

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:

David P Winter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-6-03 904-317-8281

Date

Daytime Phone #

CR2E034 (4/03)