

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90049 030 ***150.00

DOCUMENT # P99000056757**1. Entity Name**
SIR WINSTON TRANSPORTATION CORP.**Principal Place of Business****5454 HOFFNER AVE**
#105
ORLANDO FL 32812**Mailing Address****5454 HOFFNER AVE**
#105
ORLANDO FL 32812**2. Principal Place of Business****ORLANDO FLORIDA**
Suite, Apt. #, etc. **1322****3. Mailing Address****5945 BENT PINE DR**
Suite, Apt. #, etc. **1322****City & State****ORLANDO****City & State****ORLANDO FL****4. FEI Number****59-3584425****Applied For****Not Applicable****Zip****32822****Country****ORANGE****Zip****32822****Country****5. Certificate of Status Desired** ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****DOWNER, WINSTON**
5454 HOFFNER AVE
STE 105
ORLANDO FL 32812**7. Name and Address of New Registered Agent****Name****WINSTON DOWNER****Street Address (P.O. Box Number is Not Acceptable)****5945 BENT PINE DRIVE SUITE #1322****City****ORLANDO****FL****Zip Code****32822****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**01-28-02****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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSTD	DOWNER, WINSTON	4630 SOUTH KIRKMAN ROAD	ORLANDO FL 32811	<input checked="" type="checkbox"/>
PSTD	DOWNER, WINSTON	5945 BENT PINE DRIVE	ORLANDO, FLORIDA	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
VICE-PRESIDENT	WINSTON DOWNER			<input type="checkbox"/>	<input checked="" type="checkbox"/>
SECRETARY	WINSTON DOWNER			<input type="checkbox"/>	<input checked="" type="checkbox"/>
TREASURER	WINSTON DOWNER			<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 #****01-28-02 1407-207-1640**

CR2E034 (9/01)