

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90082 027 ***150.00

DOCUMENT # P99000107341



1. Entity Name
WINTER DEVELOPMENT ENTERPRISES CORP.

Principal Place of Business
8797 COMO LAKE DRIVE
JACKSONVILLE FL 32256

Mailing Address
8797 COMO LAKE DRIVE
JACKSONVILLE FL 32256



2. Principal Place of Business
200 DUCKWOOD LANE

3. Mailing Address
200 DUCKWOOD LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PONTEVEDRA BEACH, FL

City & State
PONTEVEDRA BEACH, FL

4. FEI Number 59-3616454

Applied For
Not Applicable

Zip
32082

Country
ST JOHNS

Zip
32082

Country
ST JOHNS

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

WINTER, LANCE S
8797 COMO LAKE DRIVE
JACKSONVILLE FL 32256

Name

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

City

FL

Zip Code

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WINTER, LANCE S
8797 COMO LAKE DRIVE
JACKSONVILLE FL 32256 ☐ Delete

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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:

NOTARY REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/03 (904) 635-1603
Date Daytime Phone #

CR2E034 (10/02)