

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S58039

1. Entity Name

LAW OFFICES OF RAY WINDSOR, P.A.



**FILED**  
**Sep 11, 2000 8:00 am**  
**Secretary of State**

09-11-2000 90003 049 \*\*\*550.00

BU105401



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**240 TORCHWOOD AVE**  
~~STE 440~~  
**PLANTATION FL 33324**  
**US**

Mailing Address  
**240 TORCHWOOD AVE**  
~~STE 440~~  
**PLANTATION FL 33324**  
**US**

2. Principal Place of Business  
**240 Torchwood Ave**  
 Suite, Apt. #, etc.

3. Mailing Address  
**240 Torchwood Ave**  
 Suite, Apt. #, etc.

City & State  
**Plantation, FL**

City & State  
**Plantation FL**

Zip  
**33324**

Country  
**USA**

Zip  
**33324**

Country  
**US**

4. FEI Number **65-0268337**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**FILINGS INC.**  
**3732 N.W. 16TH ST.**  
**FORT LAUDERDALE FL 33311**

7. Name and Address of New Registered Agent  
 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.

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WINDSOR, RAY 240 TORCHWOOD AVE PLANTATION FL 33324</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 REQUIRED** *Raymond M. Windsor* (954) 260-4777  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #