2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
04-11-2001 90012 026 ***150.00

0123338

DOCUMENT # V27287

1. Entity Name
WINSTON HILLS, INC.

Principal Place of Business	Mailing Address
491 SE 16TH AVE POMPANO BEACH FL 33060 US	491 SE 16TH AVE POMPANO BEACH FL 33060 US

New address

2. Principal Place of Business	3. Mailing Address
2641 E Atlantic Blvd	Same
Suite, Apt. #, etc.: Suite 306	Suite, Apt. #, etc.
City & State: Pompano Beach	City & State
Zip: 33062 / Country: Broward - USA	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number. 65-0322563 ☐ Applied For ☐ Not Applicable

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
CONROY, COLIN 491 SE 16TH AVENUE POMPANO BEACH FL 33060	Name: CONROY, COLIN Street Address (P.O. Box Number is Not Acceptable): 2641 E Atlantic Blvd Suite 306 City: Pompano Bch FL Zip Code: 33062

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: Genevieve Conroy
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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD CONROY, COLIN 491 SE 16TH AVE POMPANO BEACH FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition Address change as above
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CONROY, GENEVIEVE 491 SE 16TH AVE POMPANO BCH FL 33060 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition " "
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CR2E034 (10/00)

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: Genevieve Conroy 1/4/01 954 941-1602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #