

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 29, 2002 8:00 am
Secretary of State

07-29-2002 90008 035 ***150.00

DOCUMENT # V27287

1. Entity Name
WINSTON HILLS, INC.

Principal Place of Business

**2641 E. ATLANTIC BLVD
SUITE 306
POMPANO BEACH FL 33062
US**

Mailing Address

**2641 E. ATLANTIC BLVD
SUITE 306
POMPANO BEACH FL 33062
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

2641 E. ATLANTIC BLVD.

SUITE 306

POMPANO BEACH FL 33062

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

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, 2002 Fee 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
**PSTD
CONROY, COLIN
2641 E. ATLANTIC BLVD., STE. 306
POMPANO BEACH FL 33062** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
CONROY, GENEVIEVE
2641 E. ATLANTIC BLVD., STE. #306
POMPANO BEACH FL 33062** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/02

9549411602

CR2E034 (4/02)



Attachment



THE
HOMETEAM
INSPECTION SERVICE®

2641 E. Atlantic Blvd., #306 • Pompano Beach, FL 33062

(954) 941-1602 • Fax (954) 941-2317 • Toll Free 1-888-388-2800

678965
V27287

July 24, 2002

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

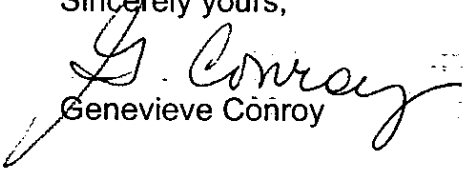
To Whom It May Concern:

As discussed with a representative in your office today, our company did not appear to have received the first notice of the amount due for our 2002 Uniform Business Report filing fee.

As instructed by your representative we have only paid the original amount of \$150.00.

We thank you for your understanding of this matter and for helping us resolve everything quickly and to each party's satisfaction.

Sincerely yours,


Genevieve Conroy