

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90097 033 ***150.00

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DOCUMENT # F97000001039

1. Entity Name
LEEWARD INVESTORS INC.



Principal Place of Business
**C/O ADVISORY CAPITAL PARTNERS, INC.
1001 N. US HIGHWAY 1. #503
JUPITER FL 33477**

Mailing Address
**C/O ADVISORY CAPITAL PARTNERS, INC.
1001 N. US HIGHWAY 1. #503
JUPITER FL 33477**



2. Principal Place of Business
C/o Advisory Capital Partners
Suite, Apt. #, etc.
505 S Flagler Dr, Suite 1450
City & State
West Palm Beach FL

3. Mailing Address
C/o Advisory Capital Partners
Suite, Apt. #, etc.
505 S Flagler Dr, Suite 1450
City & State
West Palm Beach FL

☒ CHECK HERE IF MAKING CHANGES

Zip
33401 Country

Zip
33401 Country

4. FEI Number
65-0729946

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 | PCT NEWQUIST, SCOTT C 396 S. BEACH ROAD HOBE SOUND FL 33455 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S NEWQUIST, AILEEN M 396 S. BEACH ROAD HOBE SOUND FL 33455 | <input type="checkbox"/> Delete |
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|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 300 E1 Brillo Way Palm Beach FL 33480 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 300 E1 Brillo Way Palm Beach FL 33480 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: _____

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

04/08/03
Date

561-025-0395
Daytime Phone #

CR2E034 (10/02)