

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 145093

1. Entity Name
THE TRADE WINDS MOTOR COMPANY

Principal Place of Business
1805 CROWN WAY
P.O. BOX 7126
ORLANDO FL 32804

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 7126
ORLANDO FL 32584-7126

4. FEI Number 59-0881669

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

6. Name and Address of Current Registered Agent
COULANTES,N
1805 CROWN WAY
ORLANDO FL 32804

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)

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D COULANTES,N 1805 CROWN WAY ORLANDO FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP
STD WHEELER, C.J. 1805 CROWN WAY ORLANDO FL

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP

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: *D. Jones Wheeler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90114 028 ***550.00

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DO NOT WRITE IN THIS SPACE

014619 IN

CR2E034 (5/01)

8/22/01 407-841-4182
Date Daytime Phone #