

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 518018

1. Entity Name

WINDWARD ISLES SUPPLIERS, INC.

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90284 001 ***300.00

Principal Place of Business

Mailing Address

5601 N. POWERLINE RD
106
FT. LAUDERDALE FL 33309

5601 N. POWERLINE RD
106
FT. LAUDERDALE FL 33309

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 59-1705933

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

CUMMING, AMY-HOULE
5601 N. POWERLINE RD
106
FT. LAUDERDALE FL 33304

Name Steve Chambers

Street Address (P.O. Box Number is Not Acceptable)

5601 N. Powerline Road

Suite 106

City Ft. Lauderdale

FL

Zip Code 33309

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 *Steve Chambers*
Signature typed or printed name of registered agent and title if applicable.

Steve Chambers, President 1/4/01
(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 STD
NAME CUMMING, AMY HOULE
STREET ADDRESS 5601 N. POWERLINE RD
CITY-ST-ZIP FT. LAUDERDALE FL 33309 ☒ Delete

TITLE SEC/TREASURER
NAME BRENDA OLIVER
STREET ADDRESS 5601 N. Powerline Road #106
CITY-ST-ZIP FT. LAUD, FL 33309 ☐ Change ☒ Addition

TITLE PD
NAME CHAMBERS, STEVE
STREET ADDRESS 5601 N. POWERLINE RD
CITY-ST-ZIP FT. LAUDERDALE FL 33309 ☐ 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 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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: *Steve Chambers*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/01 (954) 491-0004
Date Daytime Phone #

CR2E034 (10/00)

0249076