2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 621196

1. Entity Name

WESTWIND FISHING COMPANY, INC.

Principal Place of Business

SIGNATURE:

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1110 TRUMAN AVENUE KEY WEST FL 33040

1110 TRUMAN AVENUE KEY WEST FL 33040

2. Principal Place of Business		US						
		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State						
Zip	Country	Zip	Country					

FILED Apr 20, 2001 8:00 am Secretary of State

04-20-2001 90010 045 ***150.00



Applied For

Daytime Phone #

DO NOT WRITE IN THIS SPACE

4. FEI Number

City & State			City & State		4. FEI Number		Number	59-2057690		<u> </u>	pried For	
										No	t Applicable	
Zip		Country	Zip	Cour						\$8.75 Add Fee Required		
	6. Name	and Address of Current	Registered Agent	•	7. Name and Address of New Registered Agent							
					Name							
SMITH, GORDON 1110 TRUMAN AVE KEY WEST FL 33040				Street Address (P.O. Box Number is Not Acceptable)								
KLI	WEO! 12 C				City				FL	Zip Code	9	
8. The above	named entit	y submits this statement fo	r the purpose of changing its	s register	ed office or registe	tered agent,	or both, in	the State of Flo	rida.			
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applicable. (NO	TE: Registere	d Agent signature requir	red when reinsta	ting)	·	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 After MAY 1, 2001 Fee Make Check Payable to D				will be \$550.00	}		Campaign Fin nd Contribution			O May Be to Fees		
11.		OFFICERS AND	DIRECTORS	12.		ADDIT	IONS/CHA	NGES TO OFF	CERS AND	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1110 TRU KEY WES	aulette k Iman avenue It fl	☐ Delete	CITY	EET ADDRESS '-ST-ZIP					☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete		l l					☐ Change	☐ Addition	
indicated of the cor	l on this repo rporation or t	rt or supplemental report is he receiver or trustee emp	n this filing does not qualify for strue and accurate and that owered to execute this repor- with all other like empowered	my signa rt as requ	iture shall have the	ie same led:	al effect as	t made under e	bath: that	am an officer	or airector	