

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **628699**

1. Entity Name

TRADEWINDS INTERNATIONAL INC.

FILED

00 OCT -2 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**SPACE COAST REGIONAL AIRPORT
TIX TITUSVILLE**

Mailing Address
**P.O. Box 321117
COCONA BEACH, FL.
32932**

2. Principal Place of Business
**2100 N. ATLANTIC
SUITE #605**

3. Mailing Address
**P.O. Box 321117
Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

City & State
COCONA BCH FL.

City & State
COCONA BCH, FL.

Zip
32931

Country
BREVARD

Zip
32932

Country
BREVARD

4. FEI Number
59-2132576

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**THOMAS C. KOUZALES
2100 N. ATLANTIC #605
COCONA BEACH, FL.
32931**

7. Name and Address of New Registered Agent
Name
THOMAS C. KOUZALES
Street Address (P.O. Box Number is Not Acceptable)
**2100 N. ATLANTIC AVE
#605**
City
COCONA BCH. FL Zip Code
32931

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 **THOMAS C. KOUZALES** (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. **THOMAS C. KOUZALES - PRESIDENT** DATE **9-29-00**

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, 2000 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	PRESIDENT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS C. KOUZALES		NAME		
STREET ADDRESS	2100 N. ATLANTIC #605		STREET ADDRESS		
CITY-ST-ZIP	COCONA BCH, FL. 32931		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **THOMAS C. KOUZALES** PRESIDENT **9-29-00** **321-403-6838**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)