

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91348 034 ***150.00

0629371

DOCUMENT # 634639

1. Entity Name

THE FOUR WINDS OFFICE SUPPLIES, INC.

Principal Place of Business

**720 MATFLOWER AVE
 INVERNESS FL 34452
 US**

Mailing Address

**720 MATFLOWER AVE
 INVERNESS FL 34452
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

MAYFLOWER

Suite, Apt. #, etc.

MAYFLOWER

City & State

City & State

4. FEI Number

59-1942652

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HALL, JONATHAN M
 720 MATFLOWER AVE
 INVERNESS FL 34452**

Name

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

MAYFLOWER

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) ☐

**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 **PTD** ☐ Delete
 NAME **HALL, JONATHAN MARKS**
 STREET ADDRESS **720 MAYFLOWER AV**
 CITY-ST-ZIP **INVERNESS FL 34452**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☒ Delete
 NAME **HALL, ALLIE M.**
 STREET ADDRESS **503 CAVE LANE**
 CITY-ST-ZIP **SAN ANTONIO TX 78209**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **HALL, LINDA**
 STREET ADDRESS **720 MAYFLOWER AV**
 CITY-ST-ZIP **INVERNESS FL 34452**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JONATHAN M HALL

5/5/01

Date

352-228-0225

Daytime Phone #

CR2E034 (10/00)

Attachment

844717

#634639

May 5, 2001

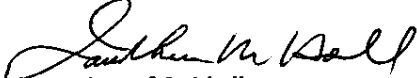
Florida Department of State
Division of Corporations
Post Office Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

I am writing to ask you to accept the \$150.00 fee instead of the late fee of \$550.00 for the following reason. My mother unexpectedly died on April 11, 2001. In the aftermath of her death and funeral arrangements, I forgot all about the Uniform Business Report until just yesterday. Having verified that I had not filed the report, I am now filing the report.

At present I do not have a death certificate but will submit one when I receive one, if you so desire. My attorney is at present having me appointed as my mother's personal representative per her Last Will And Testament. I will also send a copy of my appointment when I receive the court appointment, if you need one.

Sincerely yours,



Jonathan M. Hall

President

The Four Winds Office Supplies, Inc.

720 Mayflower Av

Inverness, FL 34452-5753

Telephone: 352-228-0225 or 352-341-4260

Email: jhall7@compuserve.com