DOCUMENT # 709902 1. Entity Name WINDJAMMERS OF CLEARWATER, INC.				S' TA	SECRETARY OF STATE TALLAHASSEE, FLORIDA OI SEP 27 PM 3: 30	
Principal Place of Business 1001 GULF BLVD. P.O.BOX 3428 CLEARWATER FL 34630-8104		Mailing Address 1001 GULF BLVD. P.O. BOX 3428 CLEARWATER FL 34630-8104 US) (OLI	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		~//17/01	00 NOT WRITE IN THIS SPANOL 25	
City & State		City & State		4 EEI Number	B-7346886 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Star	\$9.75 Additional	
	6. Name and Address of Current F	Registered Agent	Name	7. Name and Addre	ess of New Registered Agent	
O'BRIEN, EDWARD T JR. 3376 FERNCLIFF LANE CLEARWATER FL 8462*				Street Address (P:O-Box:Number.is:Not-Acceptable)		
			City . FL 233961			
	Signature, typed or printed name of registered agent and FILE NOW: FEE IS \$61.25 rember 12, 2001, min. will be \$23	9. Election Car	E: Registered Agent signature recompanies of the Registered Agent signature reco	\$5.00 May Be Added to Fees	Make Check Payable to Department of State	
10.	OFFICERS AND DIRI	- FCTORS	I 11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIDDLE, RICH 2398 DEMORET DR DUNEDIN FL 34698	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , , ,	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS* CITY-ST-ZIP	S RUNION, JOYCE 123-D SEAHOUSE-DR-SE	Delete	TITLE NAME STREET ADDRESS. CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, DANA 101 CYPRESS CT OLDSMAR FL 34687	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALBINA, JACQUIE 778 MERLINS CT TARPON SPRINGS FL 34689	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
	<u> </u>				☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filling 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 to size empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an activess, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

9/25/2001

727-461-4853