2002 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

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like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian K. Taylor, President 4/18/02

Date

(407) 226-1388

Daytime Phone #

May 08, 2002 8:00 am Secretary of State DOCUMENT # F98000007067 1. Entity Name 05-08-2002 90067 007 ***150.00 SOUTHWIND SALES & MARKETING, INC. Principal Place of Business Mailing Address 34UL KIRKMAN HUAU 5401 KIRKMAN ROAD B0092794 SUITE 740 **SUITE 740** ONLANDO PL 32013 URLANDO FL 32819 2. Principal Place of Business 1743 Park Center Drive 3. Mailing Address 1743 Park Center Drive Suite, Apt. # etc. Suite 400 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 400 Applied For City & State Orlando. City & State Orlando, Florida 4. FEI Number Florida 57-0991246 Not Applicable Zip 32835 Country USA Country \$8.75 Additional 32835 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EDMUNDS, WILLIAM C Street Address (P.O. Box Number is Not Acceptable) 1743 Park Center Drive 5401 KIRKMAN ROAD OUITE 740 Suite 400 Zip Code 32835 ORLANDO FL 3281 Orlando purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity 4/18/02 William C. Edmunds SIGNATURE Signature, typed or printed name of register (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 CR2E034 (9/01) ☐ Addition TITLE **PDVC** ☐ Delete TITLE Change NAME TAYLOR, BRIAN K NAME STREET ADDRESS STREET ADDRESS **6 BRASSIE COURT** CITY-ST-ZIP CITY-ST-ZIP HILTON HEAD SC 29938 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME taylor, kenneth e STREET ADDRESS STREET ADDRESS 101 POPE AVENUE CITY-ST-ZIP CITY-ST-ZIP HILTON HEAD SC 29938 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS 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 requirer 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

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