## **FILED** Apr 21, 2003 8:00 am & Secretary of State

## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** G84025

1. Entity Nam WINDST						04-21-2003 90532 041 ***150.00							
Principal Place of Business 3002 N.W. 10TH ST OCALA FL 34475 US				Mailing Address P.O. BOX 4201 OCALA FL 34478			,						
2. Principal f	Place of Busin	ness	3. Maili	. Mailing Address								'All Bibli IIA	
Suite, Apt. #, etc.			Suite	, Apt. #, etc.					CHECK HERE	IF MAKING CHAN	GES		
City & State			City & State			4.		4. FI	El Number <b>59-2382672</b>		<del></del>	plied For t Applicable	
Zip Country			Zip Co			5. Certificate of			Pertificate of Status Desired	□ \$8.75 Fee Re	Add	itional	1
	6. Name	and Address of Current	Registered	1 Agent				7 N:	ame and Address of New Ro		-		┨
		<del></del>	Name		140	ame and address of new III	-a.o.o.ou ngeilt			1			
DLOUHY, SHARON						Street Address (P.O. Box Number is Not Acceptable)							
700 S.E. P.O.BOX	49TH AVE.				-	<del>-</del>							$\frac{1}{2}$
OCALA FL 34478						City FL Zip Code							
	e named entit		the purpo	se of changing its	registered	d office o	r registered	d age	ent, or both, in the State of Flor		with, a	and accept	-
SIGNATURE		or printed name of registered agent a	nd title if appli	cable. (NOTE	: Registered	Agent signat	ure required w	tien rein	nstating)	DATE		<del></del>	
FILE NOW!!! FEE IS \$150,00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									Election Campaign Final Trust Fund Contribution	· •		D May Be to Fees	1
10.		OFFICERS AND I	DIRECTOR	S	11.			ADC	DITIONS/CHANGES TO OFFI	CERS AND DIREC	TORS	IN 11	┨
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DLOUHY, 700 S.E. 6 OCALA FI	SHARON 19TH AVE.		☐ Delete	TITLE NAME	T ADDRESS	1	). E	Box 186 FL 34478	∑ Cha		Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DLOUMY, PO,BOX 1 OCLA FL	86		☐ Delete	TITLE NAME STREET CITY-S	FADDRESS ST-ZIP	S/T/I	)	L. E.	<b>⊠</b> ) Cha	nge	Addition	
TITLE NAME Street Address City-St-Zip	D DLOUMY, 82 PECAN OCALA FI	LESLI I COURSE LOOP . 34472		☐ Delete	TITLE -NAME -STREET -CITY-S	TADDRESS ST-ZIP	POOLE	E, I	LESLI	<b>∏</b> Cha	nge -	Addition	].
INTLE NAME STREET ADDRESS CITY-ST-ZIP	·			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP				☐ Cha	nge	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	ADDRESS			94.46.2	☐ Cha	nge	Addition	
IITLE NAME STREET ADORESS CITY-ST-ZIP	li .			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP				☐ Cha	nge	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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

(352)620-8290