

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State
 05-17-2000 90959 023 ***150.00

DOCUMENT # K39847

1. Entity Name
GULFWIND HIGH PERFORMANCE, INC.

Principal Place of Business: 1553 N LIME AVE, SARASOTA FL 34237 US
 Mailing Address: 2005 N TAMIAMI TRAIL, SARASOTA FL 34234-8342 US

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: 1601 KEN THOMPSON PKWY, Suite, Apt. #, etc.

City & State: SARASOTA FL
 City & State: SARASOTA FL

Zip: Country: 34236-1005 US
 Zip: Country: 34236-1005 US

4. FEI Number: 65-0080578
 Applied For: Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ROBERTSON, WILLIAM E., JR.
720 S. ORANGE AVENUE
SARASOTA FL 34236

7. Name and Address of New Registered Agent
 Name: SMITH, PETER
 Street Address (P.O. Box Number is Not Acceptable): 1601 KEN THOMPSON PKWY
 City: SARASOTA FL Zip Code: 34236-1005

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: _____ (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. **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: D NAME: WHIPP, EUGENE M. STREET ADDRESS: 1601 CITY ISLAND RD CITY-ST-ZIP: SARASOTA FL	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: 1601 KEN THOMPSON PKWY CITY-ST-ZIP: SARASOTA FL 34236-1005	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: ZEIGLER, H. J. STREET ADDRESS: 1601 CITY ISLAND RD CITY-ST-ZIP: SARASOTA FL	<input type="checkbox"/> Delete	TITLE: NAME: P/S/T STREET ADDRESS: WHIPP, NORMA C CITY-ST-ZIP: 1601 KEN THOMPSON PKWY SARASOTA FL 34236-1005	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: V NAME: SMITH, PETER STREET ADDRESS: 1601 KEN THOMPSON PKWY CITY-ST-ZIP: SARASOTA, FL 34236-1005	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: AT (Assistant Treasurer) NAME: SAVAGE, MARCIA STREET ADDRESS: 1601 KEN THOMPSON PKWY CITY-ST-ZIP: SARASOTA FL 34236-1005	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Peter Smith* DATE: 4/27/00 DAYTIME PHONE #: (941) 325-0670

CR2E034 (9/99)