

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90139 008 ***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

~~1601 KEN THOMPSON PKWY~~
~~SARASOTA FL 34236-1005~~
~~US~~

2. Principal Place of Business

3. Mailing Address

319 Royal Flamingo Dr W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sarasota, FL

4. FEI Number **65-0080578**

Applied For

Not Applicable

Zip

Country

Zip

Country

34236

US

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

SMITH, PETER
1601 KEN THOMPSON PKWY
SARASOTA FL 34236

Name

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

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 **D** ☒ Delete
NAME **WHIPP, EUGENE M.**
STREET ADDRESS **1601 CITY ISLAND RD**
CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☒ Change ☐ Addition
NAME **WHIPP, NORMA C**
STREET ADDRESS **319 Royal Flamingo Drive W**
CITY-ST-ZIP **SARASOTA, FL**

TITLE **D** ☒ Delete
NAME **ZEIGLER, H. J.**
STREET ADDRESS **1601 CITY ISLAND RD**
CITY-ST-ZIP **SARASOTA FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Norma C. Whipp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01 **941-957-0486**
Date Daytime Phone #

CR2E034 (10/00)