

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L07251

1. Entity Name
TRADEWIND NETWORK, INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90132 043 ***158.75

L0014908



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

479 S E 201
WARRENSBURG MO 64093
US

479 S.E. 201
WARRENSBURG MO 64093
US

2. Principal Place of Business

3. Mailing Address

5304 W 116th ST

5304 W 116th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LEAWOOD KS

City & State

LEAWOOD KS

4. FEI Number 59-2971626

Applied For

Not Applicable

Zip

Country

66211

USA

Zip

Country

66211

USA

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

SCOTT ARTHUR D JR
1609 GULF LIFE TOWER
JACKSONVILLE FL 32207

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 DSV
NAME SCOTT, ARTHUR D JR.
STREET ADDRESS 479 S.E. 201
CITY-ST-ZIP WARRENSBURG MO ☐ Delete

TITLE DSV
NAME SCOTT, ARTHUR D.
STREET ADDRESS 5304 W 116th ST
CITY-ST-ZIP LEAWOOD, KS 66211 ☒ Change ☐ Addition

TITLE DP
NAME SCOTT, PATRICIA A
STREET ADDRESS 479 S.E. 201
CITY-ST-ZIP WARRENSBURG MO ☐ Delete

TITLE DP
NAME SCOTT, PATRICIA A
STREET ADDRESS 5304 W 116th ST
CITY-ST-ZIP LEAWOOD, KS 66211 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)