

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L32547

1. Entity Name

WINDWARD COMMUNICATIONS, INC.

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90143 048 \*\*\*158.75

0627535

Principal Place of Business Mailing Address  
1301 SEMINOLE BLVD P.O. BOX 5177  
#116 LARGO FL 34649  
US US

C0042153



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 18820 US 19 N  
Suite, Apt. #, etc. 240  
City & State CLEWATON FL

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

4. FEI Number 59-2983728 Applied For...  
Not Applicable

Zip 33764 Country PINELLAS  
5. Certificate of Status Desired X \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
VANBEUNING, WILLIAM S.  
1301 SEMINOLE BLVD. #116  
LARGO FL 33770

7. Name and Address of New Registered Agent  
Name WILLIAM S VANBEUNING  
Street Address (P.O. Box Number is Not Acceptable)  
18820 US 19 N #240  
City CLEWATON FL Zip Code 33764

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 WILLIAM S VANBEUNING 3/31/01  
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	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANBEUNING, ANDRIA M.		NAME	VANBEUNING, ANDRIA M.	
STREET ADDRESS	1301 SEMINOLE BLVD., #116		STREET ADDRESS	18820 US 19 N #240	
CITY-ST-ZIP	LARGO FL		CITY-ST-ZIP	CLEWATON, FL 33764	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANBEUNING, WILLIAM S.		NAME	VANBEUNING, WILLIAM S.	
STREET ADDRESS	1301 SEMINOLE BLVD., #116		STREET ADDRESS	18820 US 19 N #240	
CITY-ST-ZIP	LARGO FL		CITY-ST-ZIP	CLEWATON, FL 33764	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: WILLIAM VANBEUNING 3/31/01 727 539-0511  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)