

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002551

1. Entity Name

FILED

01 FEB 15 PM 12:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2ND WIND SOLUTIONS-INTEC, LLC

Principal Place of Business

P.O. Box 22851  
Tampa FL 33622

Mailing Address

P.O. Box 22851  
Tampa FL 33622

2. Principal Place of Business

P.O. Box 22851

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 22851

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-3674785

Applied For

Not Applicable

Zip

Country

33622 USA

Zip

Country

33622 USA

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

The Company Corporation  
2711 Centerville Road  
Wilmington, DE 19808

7. Name and Address of New Registered Agent

Name

CAULFIELD KEVIN ROSS

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

19137 Beckett Drive

Odessa, FL 33556

City

Odessa, FL FL

Zip Code

33556

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 time if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-10-01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

500003743575--2

-02/20/01--01083--005

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE ☐ Delete  
NAME CAULFIELD KEVIN ROSS  
STREET ADDRESS P.O. BOX 20781  
CITY-ST-ZIP TAMPA, FL 33622

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CAULFIELD KEVIN ROSS 2-10-01

813 792 9076

CR2E083 (11/00)