

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002551

1. Entity Name

2ND WIND SOLUTIONS-INTEC, LLC

Principal Place of Business

Mailing Address

~~PO BOX 22861~~
TAMPA FL 33622

~~PO BOX 22861~~
TAMPA FL 33622

2. Principal Place of Business

P.O. Box 575

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 575

Suite, Apt. #, etc.

City & State

Odessa, FL

Zip 33556

Country USA

City & State

Odessa, FL

Zip 33556

Country USA

4. FEI Number

59-3674785

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CAUFIELD KEVIN ROSS
19137 BECKETT DRIVE
ODESSA FL 33556

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME CAUFIELD KEVIN ROSS
STREET ADDRESS ~~P.O. BOX 20781~~ P.O. Box 585
CITY-ST-ZIP ~~TAMPA FL 33622~~ ODESSA FL 33556

☐ Delete

TITLE MGR
NAME BALKER BENEDICT B
STREET ADDRESS 22636 QUINTA RD.
CITY-ST-ZIP WOODLAND HILLS CA 91364

☒ Delete

TITLE
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10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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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 REQUIRED
CAUFIELD KEVIN ROSS 1/4/02 8137429076

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

Date

Daytime Phone #

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90029 013 ****55.00



DO NOT WRITE IN THIS SPACE

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