

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90024 046 \*\*\*\*70.00

**DOCUMENT # N93000001310**

1. Entity Name

**SOLAR WINDS, INC.**

Principal Place of Business

2715 NW 51ST PL.  
GAINESVILLE FL 32605-6209  
US

Mailing Address

2715 NW 51ST PL.  
GAINESVILLE FL 32605-6209  
US

2. Principal Place of Business

3181 N.W. 13th St.

Suite, Apt. #, etc.

City & State  
Gainesville FL

Zip  
32609

Country  
USA

3. Mailing Address

P.O. Box 358093

Suite, Apt. #, etc.

City & State  
Gainesville, FL

Zip  
32635-8093

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3186211

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WYNN, SUZANNE M  
5421 NE C.R. 219A  
MELROSE FL 32666-1601

7. Name and Address of New Registered Agent

Name

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

3181 N.W. 13th St.

City

Gainesville

FL

Zip Code

32609

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.

(None. Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WYNN, SUZANNE M 2715 NW 51ST PL. GAINESVILLE FL 32605-6209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLACK, LYNN 25229 N E SR 26 MELROSE FL 32666	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD KOLETZKE, MARK 2715 NW 51ST PL GAINESVILLE FL 32605-6209	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Wynn, Suzanne M. 3181 N.W. 13th St. Gainesville, FL 32635-8093	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD Polansky, Burt 1306 N.E. 12th Terrace Gainesville, FL 32601	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Suzanne M. Wynn  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/01 (352) 214-7768

CR2E037 (10/00)