

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90010 031 ***550.00

DOCUMENT # P00000001286

1. Entity Name
WINDWARD CONSULTANTS, INC.

Principal Place of Business

~~1050 RIVERSIDE AVENUE~~
JACKSONVILLE FL 32201

Mailing Address

~~POST OFFICE BOX 4550~~
JACKSONVILLE FL 32201

977520



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2905 CORINTHIAN AVE
 Suite, Apt. #, etc.
SUITE 4

3. Mailing Address

2905 CORINTHIAN AVE
 Suite, Apt. #, etc.
SUITE 4

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

4. FEI Number
59-3622224

Applied For
 Not Applicable

Zip
32210

Country
USA

Zip
32210

Country
USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

YONG, FRANK J
~~1050 RIVERSIDE AVENUE~~
JACKSONVILLE FL 32201

7. Name and Address of New Registered Agent

Name

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

Suite 110

City **Jacksonville**

FL

Zip Code
32204

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!
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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☒ Addition
P JOSEPH P. MORGAN, JR.
2905 CORINTHIAN AVE, STE 4
JACKSONVILLE, FL 32210

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

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

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

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

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 is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered

SIGNATURE: **Joseph P. Morgan, Jr.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

JOSEPH P. MORGAN, JR.
5/24/01 904 387-0088
 Date Daytime Phone #

CR2E034 (10/00)