

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000010382

FILED  
Apr 29, 2002 8:00 AM  
Secretary of State

Entity Name: CAPE WINDS PRESS, INC.

## Current Principal Place of Business:

1681 AIRPORT RD.  
ORMOND BEACH, FL 32174

## New Principal Place of Business:

520 S. DAYTONA  
#50  
FLAGLER BEACH, FL 32136

## Current Mailing Address:

PO BOX 730428  
ORMOND BEACH, FL 32173

## New Mailing Address:

FEI Number: 57-1094970

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOONE, MARY B  
1681 AIRPORT RD.  
ORMOND BEACH, FL 32174

## Name and Address of New Registered Agent:

BOONE, MARY B  
520 S. DAYTONA  
#50  
FLAGLER BEACH, FL 32136

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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/29/2002

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BOONE, MARY B  
Address: 1681 AIRPORT RD.  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD ( ) Delete  
Name: O, JEAN M  
Address: 1681 AIRPORT RD.  
City-St-Zip: ORMOND BEACH, FL 32174

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BOONE, MARY B  
Address: 520 S. DAYTONA #50  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: VD (X) Change ( ) Addition  
Name: BOONE, JEAN M  
Address: 520 S. DAYTONA #50  
City-St-Zip: FLAGLER BEACH, FL 32136

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY B BOONE

Electronic Signature of Signing Officer or Director

PD

04/29/2002

Date