

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000020136

1. Entity Name

ROSE WIND SPORTSWEAR, INC.

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90441 044 ***150.00

B0025307



DO NOT WRITE IN THIS SPACE

Principal Place of Business 853 B. MECCA DR. SARASOTA FL 34234	Mailing Address 853 B. MECCA DR. SARASOTA FL 34234
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2. Principal Place of Business 831 A MECCA DR Suite, Apt. #, etc.	3. Mailing Address 831 A MECCA DR Suite, Apt. #, etc.
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City & State SARASOTA FL	City & State SARASOTA FL 34234	4. FEI Number 65-0987345	Applied For <input type="checkbox"/> Not Applicable
Zip 34234	Country SARASOTA	Zip 34234	Country SARASOTA

6. Name and Address of Current Registered Agent CAMERON, DONALD A 831 A MECCA DR. SARASOTA FL 34234	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMERON, DONALD A 853 B. MECCA DR. SARASOTA FL 34234 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAMERON, DONALD A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 831 A MECCA DR SARASOTA FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCHANAN, CYNTHIA J 1790 COUNTRY MEADOWS TERR. SARASOTA FL 34235 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald A. Cameron DONALD A. CAMERON 4/3/01 941-358-6170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0410013

CR2E034 (10/00)