

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

0503006 AV

**DOCUMENT # P00000039725**

1. Entity Name  
**EASTWIND INTERIORS, INC.**

04-02-2002 90903 048 \*\*\*150.00

Principal Place of Business  
**209 PALMETTO DUNES CIR.  
NAPLES FL 34113**

Mailing Address  
**209 PALMETTO DUNES CIR.  
NAPLES FL 34113**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**8793 TAHIANI TR. E.,  
Suite, Apt. #, etc.  
# 203**

3. Mailing Address  
**SAME AS #2**  
Suite, Apt. #, etc.

City & State  
**NAPLES, FL.**

City & State

4. FEI Number **59-3645136**

Applied For  
Not Applicable

Zip **34113** Country **COLLIER**

Zip Country

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

**6. Name and Address of Current Registered Agent**

**GONSALVES, ROSEMARY  
209 PALMETTO DUNES CIR.  
NAPLES FL 34113**

**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 *Rosemary Gonsalves*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/22/02**  
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 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 ☐ Delete  
NAME **D GONSALVES, ROSEMARY**  
STREET ADDRESS **209 PALMETTO DUNES CIR.**  
CITY-ST-ZIP **NAPLES FL 34113**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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NAME  
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CITY-ST-ZIP

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: *Rosemary Gonsalves* **ROSEMARY GONSALVES**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/22/02** **(941) 775-0000**  
Date Daytime Phone #

CR2E034 (9/01)