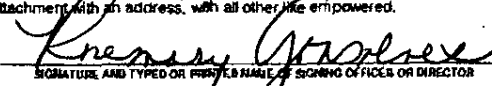


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90126 041 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000039725			
1. Entity Name EASTWIND INTERIORS, INC.			
Principal Place of Business 8793 TAMiami TR E # 203 NAPLES, FL 34113		Mailing Address 3793 TAMiami TR E # 203 NAPLES, FL 34113	
2. Principal Place of Business 8793 TAMiami TR E Suite, Apt. #, etc. #203 City & State NAPLES, FL Zip 34113		3. Mailing Address 8793 TAMiami TR E Suite, Apt. #, etc. City & State Zip Country	
		4. FEI Number 59-3645136 Applied For Not Applicable	
		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.		DATE (NOTE: Registered Agents signature required when remaining)	
		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONSALVES, ROSEMARY 209 PALMETTO DUNES CIR. NAPLES, FL 34113 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other file empowered.			
SIGNATURE: 		Date 4/30/03 Daytime Phone # 239-775-0000	

CR2E034 (10/02)