2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Apr 11, 2001 8:00 am Secretary of State DOCUMENT # P0000061554 1. Entity Name REDWIND CORPORATION 04-11-2001 90081 050 ***150.00 Principal Place of Business Mailing Address 3060 N ATLANTIC AVE. STE 208 3060 N ATLANTIC AVE. STE 208 COCOA BEACH FL 32931 COCOA BEACH FL 32931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State FEI Number Applied For Not Applicable 5. Certificate of Status Desired 🛴 🗌 Fee Required Name and Address of Current Registered Agent 7.) Name and Address of New Registered Agent DICIOCCIO, KAREN D 3060 N ATLANTIC AVE, STE 208 COCOA BEACH FL 32931 changing its registered office or registered agent, or both, in the State of Florida. SIGNATURÉ (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **PCEO** □ Addition TITLE ☐ Delete TITLE P(EO)DICIOCCIO DAVID ?. 4510 Tangelo Arc. NAME DICIOCCIO, DAVID P NAME STREET ADDRESS STREET ADDRESS 3060 N ATLANTIC AVE, STE 208 CITY-ST-ZIP CITY-ST-ZIF COCOA BEACH FL 32931 VP/5/7 ☐ Change ☐ Delete TITLE Addition DICIOCCIO, KARN D. NAME NAME 4510 Tangelo A.C. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 32926 Delete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP es not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information affate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director active this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing does of the corporation or the receiver or trustee empowe changed, or on an attachment with