

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000094441****1. Entity Name**
WINDWARD PROPERTY RENTALS, INC.**FILED**
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90042 047 ***150.00

Principal Place of Business
85 SOUTH WASHINGTON ST.
ORMOND BEACH FL 32174**Mailing Address**
85 SOUTH WASHINGTON ST.
ORMOND BEACH FL 32174**2. Principal Place of Business****85 SOUTH WASHINGTON ST.**
Suite, Apt. #, etc.**3. Mailing Address****85 SOUTH WASHINGTON ST.**
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ORMOND BEACH FL.**City & State**
ORMOND BEACH FL.**4. FEI Number****Applied For**☒ **Not Applicable****Zip**
32174**Country**
US**Zip**
32174**Country**
US**5. Certificate of Status Desired** ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****IANNARELLI, JEREMY**
85 SOUTH WASHINGTON ST.
ORMOND BEACH FL 32174**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**

Signature, typed or printed name of registered agent and title if applicable

(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. ☐
(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. ☐**\$5.00 May Be**
Added to Fees**11. OFFICERS AND DIRECTORS****TITLE** **DPS** ☐ **Delete**
NAME **KINNEY, BRADLY**
STREET ADDRESS **63 ZAUN TRIAL**
CITY-ST-ZIP **PALM COAST FL 32614****TITLE** **DVT** ☐ **Delete**
NAME **IANNARELLI, JEREMY**
STREET ADDRESS **1052 SHOCKNEY DR.**
CITY-ST-ZIP **ORMOND BEACH FL 32174****TITLE** ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ **Delete**
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STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ **Delete**
NAME
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CITY-ST-ZIP**TITLE** ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ **Change** ☐ **Addition**
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NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/01
Date**904 677-3148**
Daytime Phone #

CR2E034 (10/00)