

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

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90352 039 ***150.00

DOCUMENT # P01000037583

1. Entity Name

SIDEWINDER TECHNOLOGIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9570 REGENCY SQUARE BLVD.

Suite, Apt. #, etc.

3. Mailing Address

9570 REGENCY SQUARE BLVD.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE FLORIDA

City & State

JACKSONVILLE, FLORIDA

4. FEI Number

59-3736937

Applied For

Not Applicable

Zip

32225

Country

USA

Zip

32225

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MARINUCCI, ANTHONY F.

Street Address (P.O. Box Number is Not Acceptable)

9570 REGENCY SQUARE BLVD.

City

JACKSONVILLE

FL

Zip Code

32225

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

(NO CHANGE)
SAME AS #7

4/25/2002

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PD
NAME CENAC, DWIGHT
STREET ADDRESS 9570 REGENCY SQUARE BLVD.
CITY-ST-ZIP JACKSONVILLE, FL. 32225

TITLE SD
NAME CENAC, CONNIE
STREET ADDRESS 9570 REGENCY SQUARE BLVD.
CITY-ST-ZIP JACKSONVILLE, FL. 32225

TITLE V
NAME HARCOURT, KATHY S.
STREET ADDRESS 9570 REGENCY SQUARE BLVD.
CITY-ST-ZIP JACKSONVILLE, FL. 32225

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with another, or empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DWIGHT CENAC, PRESIDENT

APRIL 25 2002

904-725-9110

Date

Daytime Phone #

CR2E034B (12/01)