2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # P01000058026

1. Entity Name

OCEANWIND PROPERTIES, INC.



FILED Jan 29, 2003 8:00 am Secretary of State

01-29-2003 90289 021 ***150.00

1921 DEWEY JACKSONVILL	E FL 32207		Mailing Addres 1921 DEWEY PI JACKSONVILLE	LACE						
2. Principal	Place of Business	3	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			_	CHECK HER	E IF MAKING	CHANGES	
City & State			City & State			4. FEI NU	4. FEI Number 59-3751887 Applied For Not Applied			
Zip	(Country	Zip	Cou	ntry	5. Certific	cate of Status Desired		8.75 Add	ditional
	6. Name and	d Address of Current R	egistered Agent			7. Name	and Address of New	Registered A	gent	
		·	_		Name		 .			
BLACKBU	IRN, BRYAN E I	ESQ			Street Address	(DO Boy No	mbor in Not Acceptat	ala)		
1921 DEV	VEY PLACE				Street Address (P.O. Box Number is Not Acceptable)					
JACKSON	IVILLE FL 32207	7								•
					City		***	FL	Zip Cod	e
8. The above	e named entity su	bmits this statement for t	he purpose of ch	anging its registe		ered agent, or	both, in the State of f		1 miliar with,	and accept
	g.	g-								
SIGNATURE		inted name of registered agent and	title if applicable	(NOTE: Pogistor	ed Agent signature require	ad urbon reinstation		DATE		
	-9.4	and the or regional or agoin an	the ii applicable.	(IFO I C. Hogiston						1
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12. 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 of 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 a other like period wered.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

1-16-03 (901) 399 Gal

☐ Change

Addition

CR2E034 (10/0)