

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90209 003 ***150.00

DOCUMENT # P02000074999

1. Entity Name
WINDSPIRIT CHARTERS, INC.



Principal Place of Business
~~1100 FIFTH AVENUE SOUTH~~
~~SUITE 201~~
NAPLES FL 34102

Mailing Address
1100 FIFTH AVENUE SOUTH
SUITE 201
NAPLES FL 34102



2. Principal Place of Business
PO Box 2562

3. Mailing Address
PO Box 2562

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Naples FL

City & State
Naples, FL

Zip Country
34102 USA

Zip Country
34102 USA

4. FEI Number
61-1419105

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GIRARDIN, WENDY H ESQUIRE
1100 FIFTH AVENUE SOUTH
~~SUITE 201~~
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

Suite 401

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

(NOTE: Registered Agent signature required when reinstating)

1-9-03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	P DEAN, LORETTA A	1100 FIFTH AVENUE SOUTH, SUITE 201	NAPLES FL 34102		Dean, Loretta A	PO Box 2562	Naples, FL 34102

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 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/03

Date

Daytime Phone #

CR2E034 (10/02)