

FILED
Aug 15, 2003 8:00 am
Secretary of State

71.

07-29-2003 90014 009 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000090467

1. Entity Name
GULF WINDS HOLDINGS, INC.

Principal Place of Business
 3126 GULF WIND CIR
 HERNANDO BEACH, FL 34607

Mailing Address
 3126 GULF WIND CIR
 HERNANDO BEACH, FL 34607

55054246

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. EIN Number
37-1439309

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

DEPASQUALE, JOHN J
 3126 GULF WIND CIR
 HERNANDO BEACH, FL 34607

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	Delete
NAME: DEPASQUALE, JOHN J STREET ADDRESS: 3126 GULF WIND CIR CITY-STATE-ZIP: HERNANDO BEACH, FL 34607	<input type="checkbox"/>	
NAME: DEPASQUALE, BEAN J STREET ADDRESS: 3126 GULF WIND CIR CITY-STATE-ZIP: HERNANDO BEACH, FL 34607	<input type="checkbox"/>	
NAME: STEWART, RUSSELL STREET ADDRESS: 3126 GULF WIND CIR CITY-STATE-ZIP: HERNANDO BEACH, FL 34607	<input checked="" type="checkbox"/>	
NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/>	
NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/>	
NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Change	Addition
NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/>	<input type="checkbox"/>
NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/>	<input type="checkbox"/>
NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/>	<input type="checkbox"/>
NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/>	<input type="checkbox"/>
NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(1), 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 trustee 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 the empowered.

SIGNATURE: John J. Depasquale 7/25/03

CHANGES TO OFFICERS AND DIRECTORS