2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2003 8:00 am
Secretary of State
07-07-2003 90143 023 ***150.00

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DOCUMENT # P02000096496

1. Entity Name
HIGHWINDS HOLDINGS, INC.

Principal Place of Business	Mailing Address
111 EAST FAIRBANKS AVENUE SUITE 100 WINTER PARK FL 32789	111 EAST FAIRBANKS AVENUE SUITE 100 WINTER PARK FL 32789

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
111 East Fairbanks Ave ~~Suite~~	111 E. Fairbanks Ave ~~Suite 100~~
Suite, Apt. #, etc.: Ste 100	Suite, Apt. #, etc.: Ste 100
City & State: Winter Park, FL	City & State: Winter Park, FL
Zip: 32789 Country: USA	Zip: 32789 Country: USA

4. FEI Number 061646175 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MULLER, CHARLES E II 9350 S DIXIE HIGHWAY SUITE 1550 MIAMI FL 33156	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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
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	D PRESIDENT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MILLER, STEVE	NAME	
STREET ADDRESS	111 EAST FAIRBANKS AVENUE SUITE 100	STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (4/03)

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 REQUIRED Steven Miller 6/30/03 407-701-580[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #