

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91867 042 \*\*\*150.00

**DOCUMENT #** P02000103641  
**1. Entity Name**  
4 SHEETS TO THE WIND, INC.



**Principal Place of Business** 2290 AVOCADO AVENUE, # 5  
MELBOURNE, FL 32935  
**Mailing Address** 2290 AVOCADO AVENUE, #5  
MELBOURNE, FL 32935

**2. Principal Place of Business** **3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**  
56-2348432

☐ 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**

ACTIVE FILINGS, LLC  
10651 NE 11 CT  
MIAMI SHORES, FL 33138

**7. Name and Address of New Registered Agent**

**Name** DOUGLASS A. PERSON, CPA, P.A.

**Street Address** (P.O. Box Number is Not Acceptable)  
1413 SOUTH PATRICK DRIVE.

SUITE 7

**City** INDIAN HARBOUR BEACH **FL** **Zip Code** 32937

**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** *Douglas A. Person* DOUGLASS A. PERSON CPA

4.23.03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**TITLE** P ☐ Delete  
**NAME** REGINA TOMPKINS  
**STREET ADDRESS** 328 AINSLEY STREET SE  
**CITY-ST-ZIP** PALM BAY, FL 32909

**TITLE** VP ☐ Delete  
**NAME** DEBORAH RYAN  
**STREET ADDRESS** P.O. BOX 1833  
**CITY-ST-ZIP** MELBOURNE, FL 32902

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE** ☐ Change ☐ Addition  
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**CITY-ST-ZIP**

**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, changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Regina E. Tompkins*

4/23/03