

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

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90227 048 ***150.00

DOCUMENT # **P94000026984**

1. Entity Name

TRADEWINDS OF CENTRAL FLORIDA



DO NOT WRITE IN THIS SPACE

10077903

2. Principal Place of Business

325 CYPRESS GARDENS BLVD

Suite, Apt. #, etc.

3. Mailing Address

325 CYPRESS GARDENS BLVD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WINTER HAVEN FL

City & State

WINTER HAVEN FL

4. FEI Number

59-3237842

Applied For

Not Applicable

Zip

33880

Country

(POLY)USA

Zip

33880

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

ALAN HENDRY

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

325 CYPRESS GARDENS BLVD

City

WINTER HAVEN

FL

Zip Code

33880

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALAN HENDRY 2609 CARTER GROVE CIRCLE WINDERMERE FL 34786	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SUSAN HENDRY 2609 CARTER GROVE CIRCLE WINDERMERE FL 34786	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered.

SIGNATURE:

ALAN HENDRY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/03

Date

863-292-8444

Daytime Phone #

CR2E034B (12/02)