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

## Feb 20, 2003 8:00 am Secretary of State P94000064969 DOCUMENT # 1. Entity Name 02-20-2003 90117 039 \*\*\*150 00 WINDMILL PROPERTIES CONSTRUCTION CO. Principal Place of Business Mailing Address 30045 S. PENINSULA DR. PO BOX 477 DAYTONA BEACH FL 32118 FRUITLAND PARK FL 34731 HS 2. Principal Place of Business 3. Mailing Address 1342 LAKE ELLA Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-6595806 RUITLAND PARK Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CYRUS, ROBERT R Street Address (P.O. Box Number is Not Acceptable) 214-A NORTH THIRD STREET LEESBURG FL 34748 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 A 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 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition GREEN, JOHN D NAME NAME STREET ADDRESS 1508 PARK DRIVE STREET ADDRESS CITY-ST-ZIP LEESBURG FL 34748 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 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLÈ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLĖ Change Addition NAME NAMÈ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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

STREET ADDRESS

SIGNATURE: X

CITY-ST-ZIP