

2001 UNIFORM BUSINESS REPORT (UBR)

5/11

FILED
Jun 05, 2001 8:00 am
Secretary of State

05-11-2001 90016 045 ***150.00

DOCUMENT # P95000037659

1. Entity Name
WINDMAR INDUSTRIES, INC.

Principal Place of Business
35 FISHING VILLAGE DRIVE
KEY LARGO FL 33037
US

Mailing Address
100 ANCHOR DRIVE
STE. 26
KEY LARGO FL 33037
US

48015



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
24 DOCKSIDE LN, PMB 195
 Suite, Apt. #, etc.

City & State
KEY LARGO, FL

4. FEI Number **65-0599999**
 Applied For
 Not Applicable

Zip **33037** Country **USA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
COFFIN, WINDSOR D.
29 S. HARBOR DRIVE
KEY LARGO FL 33037

7. Name and Address of New Registered Agent
 Name **BRUCE ELLIOTT**
 Street Address (P.O. Box Number is Not Acceptable)
22 BAYRIDGE
 City **KEY LARGO** FL Zip Code **33037**

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.
 SIGNATURE *Bruce Elliott* DATE **5-31-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD COFFIN, WINDSOR D. 29 S. HARBOR DRIVE KEY LARGO FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ELLIOTT, BRUCE W. 22 BAYRIDGE KEY LARGO, FL 33037 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ELLIOTT, Kim F. 22 BAYRIDGE KEY LARGO, FL 33037 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kim F. Elliott* DATE **4/21/01** DAYTIME PHONE **305-367-0008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)