

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000048993

1. Entity Name  
**WINDMILL MOTORS, INC.**

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**  
04-26-2001 90113 035 \*\*\*150.00

Principal Place of Business  
**994 LAKE DESTINY RD.  
ALTAMONTE SPRINGS FL 32714**

Mailing Address  
**994 LAKE DESTINY RD.  
ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business  
**242 W. Warren Ave**  
Suite, Apt. #, etc.

3. Mailing Address  
**242 W. Warren Ave**  
Suite, Apt. #, etc.

City & State  
**Longwood, FL**  
Zip  
**32750** Country  
**USA**

City & State  
**Longwood, FL**  
Zip  
**32750** Country  
**USA**

4. FEI Number **59-3323698**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**KEIDAISH, PHILIP F JR.  
505 WEKIVA SPRINGS ROAD  
SUITE 800  
LONGWOOD FL 32779**

## 7. Name and Address of New Registered Agent

Name  
**John H. Brabb**  
Street Address (P.O. Box Number is Not Acceptable)  
**242 W. Warren Ave**  
City  
**Longwood** FL Zip Code  
**32750**

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 **John H. Brabb III** **John H. Brabb III** **4-19-2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**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  
**P**  
**BRABB, JOHN H**  
**1590 DAVID RD.**  
**MAITLAND FL 32751**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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: **John H. Brabb III** **John H. Brabb III** **4-19-2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)