2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATUR

Apr 27, 2001 8:00 am Secretary of State DOCUMENT # **P9500065072** WINDBORNE ENTERPRISES, INC. 04-27-2001 90332 045 ***150.00 Principal Place of Business Mailing Address 823 WEST COUNTRYCLUB CIRCLE 823 WEST COUNTRYCLUB CIRCLE FT. LAUDERDALE FL 33317 FT. LAUDERDALE FL 33317 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0615221 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARCH, JOHN E Street Address (P.O. Box Number is Not Acceptable) 823 WEST COUNTRYCLUB CIRCLE FT. LAUDERDALE FL 33317 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150,00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (10/00) Change MARCH, JOHN E NAME NAME STREET ADDRESS 823 WEST COUNTRYCLUB CIRCLE STREET ADDRESS CITY - S1 - ZIP FT. LAUDERDALE FL 33317 CITY-\$T-ZIP TITLE Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZiP CITY-ST-ZIP ☐ Delete THTLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 7171.9 ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-S1-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - Z:P CITY ST-7IP 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.

FILED