

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90314 006 ***150.00

DOCUMENT # P96000033592

1. Entity Name

TRADEWINDS ENGINE SERVICES, INC.



Principal Place of Business

6601 LYONS ROAD

C-11

COCONUT CREEK FL 33073-3630

US

Mailing Address

6601 LYONS ROAD

C-11

COCONUT CREEK FL 33073-3630

US

2. Principal Place of Business

4700 Lyons Technology Parkway

Suite, Apt. #, etc.

3. Mailing Address

4700 Lyons Technology Pkwy

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Coconut Creek FL

Zip
33073

Country

US

City & State

Coconut Creek FL

Zip

33073

Country

US

4. FEI Number

65-0663373

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KREISEL, MARK J

6601 LYONS ROAD

BUILDING C11

POMPANO BEACH FL 33073-3630

7. Name and Address of New Registered Agent

Name

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

4700 Lyons Technology Parkway

City

Coconut Creek

FL

Zip Code

33073

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.

Mark Kreisel, President

(NOTE: Registered Agent signature required when reinstating)

7/29/03
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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
**PDST
KREISEL, MARK
6601 LYONS J. ROAD BUILDING C-11
COCONUT CREEK FL 33073-3630**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4700 Lyons Technology Parkway

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE:

SIGNATURE REQUIRED Mark Kreisel, President

4/29/03

954-421-2510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)