

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000067325**1. Entity Name
WINDY GALE ENTERTAINMENT, INC.Principal Place of Business
4950 N.W. 86TH AVE
FT LAUDERDALE FL 33351 US
Mailing Address
4950 N.W. 86TH AVE
FT LAUDERDALE FL 33351 US2. Principal Place of Business
11015 NW 39 ST3. Mailing Address
11015 NW 39 STSuite, Apt. #, etc.
#202Suite, Apt. #, etc.
#202City & State
FT LAUDERDALE FLCity & State
FT LAUDERDALE FLZip Country
33351 USZip Country
33351 US4. FEI Number
65-0689631Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentSTULL CYNTHIA GAIL
4950 N.W. 86 AVENUE
LAUDERHILL FL 33351 US**7. Name and Address of New Registered Agent**Name
STULL CYNTHIA GAIL
Street Address (P.O. Box Number is Not Acceptable)
11015 NW 39 ST
City
FORT LAUDERDALE FL Zip Code
33351

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 _____ **04/27/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	STULL KELLY LANE	
STREET ADDRESS	4950 N.W. 86 AVENUE	
CITY-ST-ZIP	LAUDERHILL FL 33351	
TITLE	D	<input type="checkbox"/> Delete
NAME	STULL WENDY GAIL	
STREET ADDRESS	4950 N.W. 86 AVENUE	
CITY-ST-ZIP	LAUDERHILL FL 33351	
TITLE	D	<input type="checkbox"/> Delete
NAME	STULL WILLIAM RONALD	
STREET ADDRESS	4950 N.W. 86 AVENUE	
CITY-ST-ZIP	LAUDERHILL FL 33351	
TITLE	D	<input type="checkbox"/> Delete
NAME	STULL CYNTHIA GAIL	
STREET ADDRESS	4950 N.W. 86 AVENUE	
CITY-ST-ZIP	LAUDERHILL FL 33351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STULL KELLY LANE		
STREET ADDRESS	11015 NW 39TH ST #202		
CITY-ST-ZIP	FORT LAUDERDALE FL 33351		
TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STULL WENDY GAIL		
STREET ADDRESS	11015 NW 39TH ST		
CITY-ST-ZIP	FORT LAUDERDALE FL 33351		
TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STULL WILLIAM RONALD		
STREET ADDRESS	11015 NW 39TH ST		
CITY-ST-ZIP	FORT LAUDERDALE FL 33351		
TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STULL CYNTHIA GAIL		
STREET ADDRESS	11015 NW 39TH ST #202		
CITY-ST-ZIP	FORT LAUDERDALE FL 33351		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: CYNTHIA GAIL STULL**PRES 04/27/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)