

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN -2 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000067325

1. Entity Name
WINDY GALE ENTERTAINMENT, INC.



Principal Place of Business
11644 NW 19TH DRIVE
FT LAUDERDALE, FL 33351 US

Mailing Address
11644 NW 19TH DRIVE
FT LAUDERDALE, FL 33351 US



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
11644 NW 19th Dr.
Suite, Apt. #, etc.

3. Mailing Address
11644 NW 19th Dr.
Suite, Apt. #, etc.

City & State
Coral Springs, FL
Zip
33071
Country
USA

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Coral Springs, FL
Zip
33071
Country
USA

4. FEI Number
65-0689631
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STULL, CYNTHIA GAIL
11644 NW 19TH DR.
CORAL SPRINGS, FL 33071

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Cynthia Gail Stull*
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5/27/03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	STULL, CYNTHIA GAIL	11644 NW 19TH DR	CORAL SPRINGS, FL 33071	<input type="checkbox"/>
VP	STULL, WILLIAM R	11644 NW 19TH DR	CORAL SPRINGS, FL 33071	<input type="checkbox"/>
VP	STULL, WENDY G	11644 NW 19TH DR	CORAL SPRINGS, FL 33071	<input type="checkbox"/>
VP	STULL, KELLY L	11644 NW 19TH DR	CORAL SPRINGS, FL 33071	<input type="checkbox"/>
VP	STULL, DANIEL	11644 NW 19TH DR	CORAL SPRINGS, FL 33071	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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: *Cynthia Gail Stull*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/03 954-753-1221
Date Daytime Phone #

21613